

Guardianship Application

Acorn Education Services Ltd.

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Please attach
a recent
photograph
of the child.

Personal

Gender Boy Girl

First Name _____

Last Name _____

Date of birth ____ / ____ / ____

City of birth _____

Country of birth _____

Nationality _____

First Language _____

Other languages _____

Standard of English

Beginner Intermediate

Fluent Advanced

Religion _____

Passport

Passport No. _____

Issuing Country _____

Date of Expiry ____ / ____ / ____

Visa

Is visa required for student to enter country? Y/N

If so, has this visa been obtained: Y/N

Date of Expiry: ____ / ____ / ____

Parents must obtain visas before the student travels to the UK. It is extremely difficult to obtain visas once the student arrives in Britain and he / she may be refused permission to stay.

Medical

Does your child have any health problems such as allergies or asthma? Please include information about any psychiatric or emotional problems (Continue on another sheet if necessary). _____

Currently prescribed medicine? _____

Any history of use of non prescribed drugs or alcohol? _____

Are there any special dietary requirements? _____

Family: Are there any facts about the applicant's home circumstances which it would be helpful for us to know? _____

Insurance

What insurance have you taken out to cover your child while they are living in the UK (medical, personal possessions, travel, public liability etc.)? _____

History - Past Schools

Dates	Name & Type of School	Town	Country
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Attending in the UK

School _____

Date Starting _____ Class _____ House (If known) _____

Has your child ever been suspended or expelled from a school? YES NO

If yes, please give details below (Continue on another sheet if necessary).

Any specific learning difficulties? _____

What is the reason for your child being educated in the UK? _____

Have you ever had any other guardianship arrangements in the UK? YES NO

If yes, please give details below and reasons for leaving (Continue on another sheet if necessary).

Parents

Fathers Name _____ Home Phone No. _____

Address _____ Home Fax No. _____

_____ Work Phone No. _____

_____ Work Fax No. _____

E-Mail Address _____

Occupation _____

Mothers Name _____ Home Phone No. _____

Address _____ Home Fax No. _____

(If different _____ Work Phone No. _____

from above) _____ Work Fax No. _____

E-Mail Address _____

Occupation _____

UK Contact Whom should we contact first in case of an emergency. If there is a relative or friend who your child is allowed to visit and stay with, please give their details below.

Contact Name _____ Home Phone No. _____

Address _____ Home Fax No. _____

_____ Work Phone No. _____

_____ Work Fax No. _____

E-Mail Address _____

Relationship _____

Host Family Any special requirements or area? _____

We will use our discretion. We cannot guarantee that we will be able to accommodate your wishes, but we will do our best.

Signature

Form completed by _____ Relationship to student _____

Please note that the requested services will commence as soon as a deposit and one term's fees have been received.

GUARDIANSHIP: TERMS AND CONDITIONS

Acorn Education Services Responsibilities

Acorn Education Services Ltd. hereinafter referred to as '*The Guardian*', accept responsibility for guardianship on the understanding that parents have revealed all relevant information about their child and the student will comply with the requirements of the guardian at all times.

Parents Responsibilities

Parents should notify *The Guardian* of any changes in their circumstances or any information that comes to their notice that would assist them in the care of the student.

The Guardian and Host Families exercise the same duty of care responsible parents would in relation to the student. The amount of independence allowed will depend on the age and other attributes of the individual student. If the parents wish any specific restrictions to be placed on their child, these should be given to *The Guardian* in writing. There may be occasions when specific written consent of the parents is required for a particular activity.

Commencement of the Guardianship Contract

The guardianship contract will not commence until receipt of the deposit, the first terms fees and this form fully completed.

Termination of the Guardianship Contract

The Guardian reserve the right to relinquish the guardianship of a student and to discontinue all responsibilities as guardian if circumstances arise which are considered unsatisfactory. Notification of any such decision will be given in writing.

To withdraw a student from guardianship, one academic term's notice is required, in writing. Failing this, *The Guardian* reserves the right to charge for the remaining term at the lowest level of cover.

If in the course of guardianship it is discovered that the category of guardianship selected is not suitable to cover the students needs, *The Guardian* reserves the right to ask the parents to reconsider their choice. If the parents do not agree with this suggestion it may be necessary to terminate the guardianship agreement.

Fees / Accounts

Basic Guardianship fees are due in full before the start of each school term.

Accounts rendered are payable within the date specified on the invoice.

The guardianship fee does not include the students disbursements (see Guardianship Fees), or any costs incurred by *The Guardian*, through the execution of responsibilities beyond those listed under "Categories or Guardianship" (see schedule of fees for extra services).

In the event of fees or accounts being outstanding for longer than one month, a further one months notice will be given in writing. After this time the contract for guardianship automatically lapses and the school will be notified accordingly.

ACCEPTANCE OF GUARDIANSHIP

I / We have read **Please indicate the level of guardianship required** Gold Platinum of my child:

Name of Child: _____

Signature of father _____** Print Name _____

Signature of mother _____** Print Name _____

Date _____/_____/20 **** If only signed by one parent, please state reason.**

We accept the guardianship of the above named student under the terms and conditions above.

Signed _____ Date _____/_____/20

for *Acorn Education Services Ltd.*

LETTER OF CONSENT

To whom it may concern:

Re: (Student's name) _____

I / We hereby give *Acorn Education Services Ltd.* authority to act "in loco parentis" in respect of the pastoral, educational and physical welfare of my child.

Acorn Education Services Ltd. have my full permission in an emergency and on the advice of a recognised doctor, to consent to such medical treatment as is thought necessary.

Signature of father _____** Print Name _____

Signature of mother _____** Print Name _____

Date _____/_____/20