

BROMSGROVE SCHOOL EXTERNAL STUDENTS GUARDIAN ANGELS BOOKING FORM

COURSE FEES £60 per night

The fee includes a light breakfast in house, a hot lunch and dinner. Students will have the use of the school's facilities; tennis courts, sports hall, and gym (so long as they are aged 15 and over and have had a gym induction). **WE REQUEST PAYMENT IS MADE IN ADVANCE. PLEASE SEE BELOW FOR PAYMENT DETAILS.**

PLEASE INDICATE YOUR CHOICES

FEBRUARY HALF TERM GUARDIAN ANGELS DATES:

Saturday 15th February to Sunday 23rd February (8 nights) Total cost: £480

EASTER GUARDIAN ANGELS DATES:

Week 1: Saturday 5th April to Sunday 13th April (8 nights) Total cost: £480

Week 2: Sunday 13th April to Sunday 20th April (7 nights) Total cost: £420

Week 3: Sunday 20th April to Sunday 27th April (7 nights) Total cost: £420

MAY HALF TERM GUARDIAN ANGELS DATES:

Saturday 24th May to Sunday 1st June (8 nights) Total cost: £480

OCTOBER HALF TERM GUARDIAN ANGELS DATES:

Week 1: Saturday 18th October to Sunday 26th October (8 nights) Total cost: £480

Week 2: Sunday 26th October to Sunday 2nd November (7 nights) Total cost: £420

STUDENT DETAILS

Family Name: _____ First Name/s: _____

English Name: _____ Age: _____ (years) Date of Birth: _____ Boy Girl

Nationality: _____ First Language: _____

Child's Mobile Phone No: _____

FAMILY DETAILS

Father's Full Name: _____ Mother's Full Name: _____

Father's Mobile Phone: _____ Mother's Mobile Phone: _____

Father's Email: _____ Mother's Email: _____

Child's Home Address:

Town:

State/County:

Country:

Post Code:

Emergency Phone Contacts: Daytime

Evening:

MEDICAL HISTORY

Has your child already had any of these illnesses? *Please tick any applicable*

Chicken Pox

Measles

Rubella

Whooping Cough

Polio

Diphtheria

Has your child had vaccinations for: *(Please give dates of vaccinations)*

Whooping Cough (date)

Tetanus (date)

Influenza (date)

Covid 1st Vac (date)

Covid 2nd Vac (date)

Does your child have any serious illnesses e.g. Asthma, Epilepsy, Diabetes etc

Does your child have any known allergies? (eg Penicillin / Aspirin)

Is your child taking any medication at present?

Does your child have any dietary requirements?

(e.g vegetarian, halal, kosher, coeliac)

You must declare any medical conditions, special needs or disabilities your child may have. Please attach a detailed description.

TRAVEL DETAILS

ARRIVAL

Date of Arrival:

DEPARTURE

Date of Departure:

Time of Arrival (24 hour clock):

Time of Departure (24 hour clock):

Arrivals and departures should be between 08:00 and 18:00

If you cannot supply travel details now, please confirm them by emailing guardianangels@bromsgrove-school.co.uk at least two weeks before the travel date.

PAYMENT DETAILS

Please make a bank transfer using Guardian Angels and your child's full name as the reference.

Lloyds TSB Bank (Bromsgrove Branch)
112 High St Bromsgrove
Worcestershire
B61 8EZ

Sort Code: 30 91 36

Account Number: 00101252

IBAN Code: GB45 LOYD 30913600101252

BIC / Swift Code: LOYD GB 21178

PERMISSIONS

1. I understand that my child is not permitted to smoke, drink alcohol, take drugs or engage in sexual activity at any time during the course and may not leave the campus without permission.
2. I understand that if my child fails to abide by the School rules and/or commits misconduct, he/she will be sent home at my expense and I agree to paying Bromsgrove School all such travel costs.
3. I understand that if my child causes any damage to Bromsgrove School property or another child's property, then I will be charged accordingly.
4. I consent to any emergency treatment for my child deemed necessary in case of accident or illness.
5. I agree to abide by the conditions of enrolment. I am responsible for the payment of all fees for the above-named student.
6. I understand that my child's photograph may be used for educational or promotional purposes. Video recordings may also be used for educational or promotional purposes.
7. I have read and accept the and agree to abide by them.

(Note: the offer of a place is subject to availability, and the standard terms and conditions published on our website).

By completing this form I agree that my child will abide by the School's Terms and Conditions

Father's Name:

Mother's Name:

Date:

Please save a copy of this form for your records. Once complete please email to

guardianangels@bromsgrove-school.co.uk

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