Institute of English Studies (IELS)
Consent Form YL Groups

Groups without Accommodation with IELS:

IELS cannot accept responsibility for minors outside of the school premises should they not be staying in school provided accommodation.

I, _____Passport/IDnumber: _____

take full legal responsibility and care as the Parent/Legal Guardian for the following students:

1._____Passport/ID number:_____

2._____ Passport/ID number: _____

3._____ Passport/ID number: _____

4._____ Passport/ID number: _____

5._____ Passport/ID number: _____

6._____ Passport/ID number: _____

7._____ Passport/ID number: _____

8._____ Passport/ID number: _____

9._____ Passport/ID number: _____

10._____ Passport/ID number: _____

11._____ Passport/ID number: _____

12._____ Passport/ID number: _____

13._____ Passport/ID number: _____

14._____ Passport/ID number: _____

15._____ Passport/ID number: _____

on _____ (**date**) _____(**reason**)

I understand that by signing this form, IELS takes no liability or responsibility, outside the school premises, for the safety of the above-named students during this time period.

This form is to be provided to IELS Malta, along with a photocopy of the parent/guardian's passport.

_____ Parent's/guardian's signature & Tel:

_____

Welfare Coordinator
Tel: +356 2132 0381 / Mob: +356 9933 0001
Email: info@ielsmalta.com