Apply for guardianship:
Student information form

SABLE INTERNATIONAL

1 Section 1
Student details

First name(s)*:

Last name*:

This should be as it appears on your child's passport as it will be used for their Letter of Undertaking.

Preferred name:

(if applicable)

Gender on passport*:

Date of birth*: D D M M Y Y

Nationality*:

First language and any other languages spoken:

UK school name*:

(and boarding house name if known)

UK school year group:

Start date at school*: D D M M Y Y

Student's email:

Student's phone number:

Passport number*:

Passport expiry date*: D D M M Y Y

Photo of child*:

Service level required: ◉ Sable Core ○ Sable Gold ○ Sable Prestige ○ University

Please tell us about your child, their personality and their interests and hobbies. This information may be shared with a host family: *(if applicable)*

Sable International: Sable Guardians
5th Floor, 18 St. Swithin's Lane, London, EC4N 8AD
T: +44 (0) 20 7759 7514 | **E:** guardians@sableinternational.com | **W:** www.sableinternational.com

2 Section 2
Family details

Please tell us anything about your child's family situation that you feel we should be aware of.

	MOTHER	FATHER
Full name and title:		
Home telephone:		
Mobile telephone:		
Email address:		
Occupation:		
Home address:		
Business address:		

Emergency contact if parents cannot be reached:

Name:

Mobile telephone:

Does your child have any siblings?

If so, what are their names and ages?

3 Section 3
Agent details *(if applicable)*

Agent/agency name:	
Primary contact name:	
Email address:	
Contact phone number:	

Would you like your agent included in communications? ◯ Yes ◯ No

4 Section 4
Medical information

SABLE INTERNATIONAL

Emergencies:

If we are unable to contact you, do you give consent for your child to receive any emergency medical or dental treatment considered necessary by a qualified doctor? This may include an anaesthetic (general or local), surgery, blood transfusion, provided under the NHS or privately if required?

○ I consent ○ I do not consent *(we will contact you for more information)*

Minor illnesses:

Do you consent to your child being given over the counter, non-prescription medicines (e.g., pain relief) for the treatment of minor illnesses or discomfort, taking into account the medical details you have given us?

○ I consent ○ I do not consent *(we will contact you for more information)*

Does your child suffer from any illness or have any disability? *Please give details*	○ Yes	○ No	
Is your child allergic or sensitive to anything? *Please give details*	○ Yes	○ No	
Does your child have any dietary preferences or restrictions? *Please give details*	○ Yes	○ No	
Does your child have travel sickness? *Please give details*	○ Yes	○ No	
Does your child have asthma? *Please give details*	○ Yes	○ No	
Does your child have any psychological or mental health conditions? *Please give details and discuss with us any additional support which might be required.*	○ Yes	○ No	
Does your child take any medication? *Please give full details including dosages.*	○ Yes	○ No	Was diagnosed with ADHD in spring 2023. Now takes 36 mg of slow release

5 Section 5
Permissions and Consents

I give permission for my child to travel with a Sable Guardians appointed driver or suitably vetted host family.	◯ Yes ◯ No
Sable Guardians may take photographs or short video footage during school visits, trips, or while your child is staying with a host family. These may be used for our promotional materials (e.g., website, brochures, social media). Do you consent to your child being included?	◯ Yes ◯ No

Please tell us about anything else you'd like us to know.

How did you hear about us?

Dragon School/ Sable Education

6 Section 6
Confirmation

By signing this form, you are confirming that Sable Guardians may obtain, process and hold personal information about your child, including sensitive information such as medical details, and that you consent to this for the purpose of assessment and in order to safeguard and promote the welfare of your child. It should be noted that parents will be responsible for paying any bank charges incurred. This form is for information purposes only, and does not constitute a binding contract between you as a parent and Sable Guardians.

Parent's signature:

Name: (please print)

Date:

Please return this form together with the administration fee to Sable Guardians. ***(This fee is non-refundable and VAT will be charged at the current rate.)***

Bank details and payment link will be provided on the invoice on receipt of the student registration form.

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