



CHICAGO • USA

certificate in food and
beverage operations

APPLICATION FORM



APPLICATION FORM PART 1

ABOUT THE STUDENT

Male Female Date of Birth (DD/MM/YY) _____

First name _____ Family name _____

Occupation _____

Nationality _____ Email _____

Mailing address _____

City _____ Zip code _____

State _____ Country _____

Home phone _____ Mobile phone _____

PROFESSIONAL EXPERIENCE

Do you have professional working experience in a hospitality related field? Yes, please give details No

Most recent company / hotel _____

Position held _____ Dates _____

ABOUT THE PARENT / LEGAL GUARDIAN / FINANCIAL SPONSOR

Students who are below the age of 18 at the start date of the program, must have their parent/guardian/financial sponsor complete the form below:

Mr. Ms.

First name _____ Family name _____ Email _____

Occupation _____ Nationality _____ Relation to applicant _____

Mailing address _____

Zip code _____ State _____ Date of Birth (Day/Month/Year) _____

Country _____ Home phone _____ Mobile phone _____

Are you the financial sponsor? Yes No, then please ask the financial sponsor to fill in the details below

Mr. Ms.

First name _____ Family name _____ Email _____

Occupation _____ Nationality _____ Relation to applicant _____

Mailing address _____

Zip code _____ State _____ Date of Birth (Day/Month/Year) _____

Country _____ Home phone _____ Mobile phone _____

PHOTO

PLEASE SEND THIS FORM TO:

Les Roches Global
Hospitality Education
900 N North Branch St,
Chicago, IL 60642,
United States

Phone: +1 312-752-2100
admissions@lesroches.edu

CERTIFICATE IN FOOD AND BEVERAGE OPERATIONS

APPLICATION FORM PART 2

EDUCATION

Name of High School / College / University _____ City _____
Country _____ Highest Qualification _____
Completion Date _____ What type of school was this (select all that apply)?
 Private Public / State International

PROGRAM

Please tick the program you wish to enroll on:

9 Weeks Front of House: Guest Services Skills 9 Weeks Back of House: Operational Skills 18 Weeks Combined Back/Front of House program

Please tick the month in which you wish to enroll: January May

ROOM AND BOARD

I accept the following arrangement: accomodation in a shared double room (2 beds), half board.

HOW DID YOU FIRST HEAR ABOUT US?

Les Roches Educational Counselor* Industry Professional* Student / Alumnus* Advertising / Article* Education Fair* Internet - Website

Your School Counselor* *Please give the name & country: _____

Other, please specify: _____

STATEMENT

I hereby declare that all information given on this form is exact and complete. I acknowledge having read and understood this document and all other pertaining documents and will abide by them.

I understand that the fees are modified once a year and I accept their revision. I hereby declare to abide by the US law in case of a dispute related to the interpretation or to the execution of my legal obligation towards Les Roches.

Date and signature of the student:

To be filled in and signed by the parent/guardian/financial sponsor if the student is below the age of 18 at the start of the program:

I, the the undersigned:

First name _____ Family name _____

hereby declare that I have legal custody of the child and I acknowledge that Les Roches is an adult environment and therefore I assume responsibility for the well-being and actions of the MINOR mentioned above, as their legal guardian.

Date and signature of the parent/legal guardian/financial sponsor:



CAMPUS ADDRESS



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