

1. ABOUT THE APPLICANT

Family Name _____ First Name _____

Male Female Nationality _____

Date of Birth

Mailing Address _____

City _____ State _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____
(including country code) (including country code)

Email _____ Alternate Email _____

2. EDUCATION

Name of High School _____

City _____ Country _____

Highest Qualification _____ Completion Date

Type of School Private Public / State International

3. ENGLISH LANGUAGE LEVEL

Mother Tongue _____

To apply for a Glion / Les Roches summer program, applicants are required to demonstrate proficiency in the English language (knowledge of English), and you may do so by meeting any one of the criteria listed below:

- English is my mother tongue
- For the last three years, I have been studying in a school where English is the primary language of instruction
- I have a recommendation letter from my high school counselor or Glion / Les Roches representative
- I can provide an official test score and supporting documentation:
 - IELTS Score _____ TOEFL Score _____
 - Cambridge First Certificate Score _____ Cambridge Advanced Score _____
 - Name of Provider _____ Score _____

4. COURSES AND FEES

Please select the course you wish to enroll on:

GLION

- One week in Switzerland 12-19 July 2020 (CHF 2,750)
- One week in the United Kingdom 19-25 July 2020 (GBP 2,000)
- Global experience (first week in Switzerland, second week in the United Kingdom) 12-25 July 2020 (CHF 5,450)

LES ROCHES

- One week in Switzerland 12-19 July 2020 (CHF 2,790)
- One week in Spain 19-26 July 2020 (EUR 1,990)
- Two weeks in Switzerland 12-26 July 2020 (CHF 5,530)
- Two weeks in Spain - 12-26 July 2020 (EUR 3,210)
- Global experience (first week in Spain, second week in Switzerland) 12-26 July 2020 (EUR 5,050)
- One week in China 3-11 July 2020 (13,065 CNY, equivalent to 1,950 USD)

5. HOW DID YOU FIRST HEAR ABOUT US?

- Education Counselor* Industry Professional* Student / Alumnus* Recommended by a friend who has applied/enrolled in the Summer Experience course*
- Advertising / Article* Education Fair* Internet – Website
- Your School Counselor* *Please give the name & country: _____
- Other, please specify: _____

6. MEDICAL HISTORY

Do any of the below conditions apply to you?

No Yes (please provide details)

Any learning differences:
(e.g. dyslexia, dyscalculia, ADHD, ADD, etc.)

Any mental condition:
(e.g. depression, bipolar disorder, eating disorders, etc.)

Allergies to food, medicine or any other products:

Take any medication on a regular basis:

Any other specific conditions to report:
(e.g. diabetes, asthma, epilepsy, etc.)

Physical limitations:

7. ABOUT THE PARENT / LEGAL GUARDIAN

Mr. Ms.

Languages Spoken _____

Family Name _____ First Name _____

Mailing Address (If different from applicant's address) _____

City _____ State _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____
(including country code) (including country code)

Email _____ Alternate Email _____

8. METHOD OF PAYMENT

The invoice which details the method of payment will be included alongside your acceptance letter.

APPLICATION STATEMENT

In accordance with data privacy regulations we inform you that any personal data provided will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to attend any special need during your stay, such as allergies, learning differences, etc.

I understand that information required is necessary to fulfil the purpose of the document. I hereby declare that all information and attachments given in this application is exact and complete. I understand that any statement on this form which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the schools retain the right to retract any offer made or expel the student with no refund of fees.

I acknowledge that any financial information or any information related to my studies that has a financial impact may be shared with my parent and/or sponsor who have a legitimate interest to be informed.

Your personal data will be stored within the legally stipulated periods. Your personal data may be transferred to our parent company: Sommet Education Sàrl, Switzerland and its affiliates. Further information on how we use your personal data may be found at www.glion.edu or www.lesroches.edu. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

Signature of the Applicant _____

Date

Signature of the Parent/Legal Guardian _____
(if applicant is under 18 years old)

