



AIGLON COLLEGE SUMMER SCHOOL APPLICATION FORM

Please complete **ALL** areas in **BOLD CAPITAL LETTERS** and return, along with **2 recent passport photographs** of the student and the **letter of recommendation** duly completed, to:

The Assistant to the Director of Vacation Courses, Aiglon College, 1885 Chesières, Switzerland
(fax: +41(0)24 496 6162)

A. STUDENT DETAILS

FAMILY NAME _____

FIRST NAME _____

BOY / GIRL _____

DATE OF BIRTH _____

RELIGION _____

NATIONALITY _____

MAILING ADDRESS, street, post-code/zip, country

B. PARENT'S/GUARDIAN'S DETAILS

FAMILY NAME _____

FIRST NAME _____

RELATIONSHIP TO STUDENT _____

ADDRESS during Summer School _____

TEL (home) _____

TEL (office) _____

MOBILE _____

FAX _____

Parent's E-MAIL (mandatory) _____

C. CHOICE OF PROGRAMME (please tick the relevant box)

Programme 1: All Four Weeks: Saturday 10th July to Saturday 7th August 2010 (CHF 8,900.-)

☐

Programme 2: First Two Weeks: Saturday 10th July to Saturday 24th July 2010 (CHF 4,900.-)

☐

Programme 3: Second Two Weeks: Saturday 24th July to Saturday 7th August 2010 (CHF 4,900.-)

☐

D. LANGUAGE LESSONS

Language to be studied: ☐ **English** ☐ **French** ☐ **German (beginner level only)** ☐ **Spanish (beginner level only)**
(Tick **one** only)

Level:

(If studying English or French)

☐

Beginner

☐

Intermediate

☐

Advanced

If your child came to our Summer School in 2009, please indicate the language level attained during that programme below:

Number of years studying this language _____ First language (mother tongue) _____

E. ACTIVITY OPTION CHOICE

In addition to the varied activity programme, children doing **Programme 1** have the choice of developing their skills and specialising in **two activities** and children doing **Programmes 2 or 3** have the choice of specialising in **one activity** during the course of their programme. Please state your child's preference of specialist activities:

(please mark top **3** in numbered order): **Music** ☐ **Dance** ☐ **Drama** ☐ **Art** ☐ **Rock Climbing** ☐ **Tennis** ☐
Sailing ☐ **Horse Riding** ☐ **Mountain Adventure (includes map reading, flora & fauna & survival skills)** ☐
Windsurfing ☐ **Golf** ☐ **Team sports (football, hockey, volleyball, basketball)** ☐ **Circus Skills** ☐ **Kayaking** ☐

**Please note that the following options each incur an additional charge of 300 CHF:
Sailing, Windsurfing, Golf, Horse Riding & Circus Skills**

F. OTHER INFORMATION

- I heard about Aiglon College Summer School from: Chineasy www.chineasy.ch
- I would like to receive the main Aiglon College prospectus: Yes ☐ / No ☐
- What size of t-shirt does your child wear? Aged 10-12 ☐ Aged 12-14 ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐
- Has the student ever been expelled or suspended from any school or Summer Camp? Yes ☐ / No ☐

G. MEDICAL & INSURANCE INFORMATION

(Please tick the relevant answer)

Is your son/daughter in good health? ☐ yes ☐ no

Has your son/daughter been vaccinated against measles?
(If no, we recommend that you r child is vaccinated prior to attending the Summer School) ☐ yes ☐ no

Is he/she up to date with their tetanus vaccinations? ☐ yes ☐ no

If so, what was the date of their last tetanus vaccination? _____

Has he/she been exposed to a contagious disease recently? ☐ yes ☐ no

If so, which disease and when? _____

Is he/she allergic to anything?
(e.g. penicillin, antibiotics, aspirin, bee/wasp stings, strawberries, shell fish, etc)? ☐ yes ☐ no

If so, which one(s)?: _____

Does he/she suffer from asthma? ☐ yes ☐ no

Does he/she suffer from hay fever? ☐ yes ☐ no

Does he/she receive any medication? ☐ yes ☐ no

Which medication? _____ For the treatment of: _____

Does he/she require any special diet? ☐ yes ☐ no

If so, which foods should be avoided? _____

Can your child swim? ☐ yes ☐ no

Can your child ride a bike? ☐ yes ☐ no

What is your child's weight? _____ Kg

In the event that your child needs medical treatment and is prescribed drugs, it is useful for us to know your child's weight

IMPORTANT!

- 1) **Is there anything else we should know about your child's health or learning aptitude so that he/she can benefit fully from his/her stay at the Aiglon College Summer School?**

DECLARATION

I declare that the information given above is correct. I understand that the discovery of false or incomplete information may jeopardize my child's right to a place on the course. I have read and understood the 'General Information' and 'Conditions of acceptance' (including the cancellation policy) as set out in the Summer School brochure and I agree to the terms therein. In the event of accident or emergency, I authorise the Director to take such action as may seem necessary at the time in question.

Signature of parent or guardian: ✕ _____ Date: _____