



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 (CHF 2,500)
- One week in the United Kingdom (GBP 2,000)
- Global experience (first week in Switzerland, second week in the United Kingdom) (CHF 5,450)

LES ROCHES

- One week in Switzerland (CHF 2,750)
- One week in Spain (EUR 1,900)
- Two weeks in Switzerland (CHF 5,450)
- Two weeks in Spain (EUR 3,000)
- Global experience (first week in Spain, second week in Switzerland) (EUR 4,750)
- Two weeks in China (13,000 CNY, equivalent to 2,000 USD)
- Two weeks in the USA (3,200 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 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 _____

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

I hereby declare that all information given in this application is exact and complete. I understand that any statement in this application which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, Glion or Les Roches retains the right to retract any offer made or expel the student with no refund of fees.

I agree to abide by the totality of Glion and/or Les Roches regulations, policies and procedures including those related to academic life, student life and residency and finance.

I consent to the storage and processing of the data contained herein by Glion / Les Roches and their affiliates (together "Sommet Education") to create and maintain records on me and for internal and statistical purposes. I agree that this information will be kept for the duration of the application process and for a reasonable period of time thereafter. Should I be recruited for one of the programs I agree that this information will be kept for the duration of my studies for a variety of purposes including all aspects of the administration of my studies and for a reasonable period of time following my studies. I am aware it is my responsibility to inform Sommet Education if data held about me requires updating and I am aware that I have the right to request a copy of the data held on me.

I hereby declare to abide by the law of the country of the institution in which I will be completing this program in case of a dispute related to the interpretation or to the execution of my legal obligation towards Glion and/or Les Roches and accept the exclusive competence of the court of such country.

I have read and understood the above conditions and accept them in full.

Signature of the Applicant _____

Date

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