

SUMMER PROGRAM APPLICATION FORM 2020



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

4 | Courses and Fees

Please select the course you wish to enroll on:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summer Program	Summer Program	Summer Program	Luxury Hospitality Summer Program
One-week course in Switzerland	One-week course in London	Two-week course: one week in Switzerland, one week in London	One-week course in Switzerland
For students aged 15–17 years	For students aged 15–17 years	For students aged 15–17 years	For students aged 18–26 years
12-19 July 2020 (CHF 2,750)	19-25 July 2020 (GBP 2,200)	12-25 July 2020 (CHF 5,650)	19-26 July 2020 (CHF 2,900)

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 Program course*
- Advertising/Article* Education Fair* Internet- Website*
- Your School Counselor* * Please give the name and the country: _____
- Other, please specify: _____

6 | Medical History

Do any of the below conditions apply to you?	No	Yes	(please provide details)
Any learning differences: <small>(e.g. dyslexia, dyscalculia, ADHD, ADD, etc.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any mental condition: <small>(e.g. depression, bipolar disorder, eating disorders, etc.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies to food, medicine or any other products:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Take any medication on a regular basis:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Any other specific conditions to report: <small>(e.g. diabetes, asthma, epilepsy, etc.)</small>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical limitations:	<input type="checkbox"/>	<input type="checkbox"/>	_____

7 | About the Parent/Legal Guardian

Mr. Ms. Languages Spoken _____

Family Name _____ First Name _____

Mailing Address _____
(if different from the applicant's address)

City _____ State _____

Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____
(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. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

I hereby declare to abide by the laws of the host institution's country in case of a dispute related to the interpretation or to the execution of my legal obligations towards the host institution and accept the exclusive competence of the Courts of the host institution's country.

Signature of the Applicant _____

Date

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

Please email to info@glion.edu or send to your Education Counselor.

Photo/Video

Photo/video may be taken during your stay at Glion Institute of Higher Education. Where you are not the subject of the image, i.e. if it is a “group” or “crowd” photograph, we may use such images without requiring your consent, however, where you are the subject of the photo/video, we need your explicit consent to use the image.

By checking this box, I acknowledge that, although I am not required to accept the use of my name, photograph, image, voice or other likeness for publication and distribution purpose, I hereby give my consent to Glion Institute of Higher Education to do so, whether in printed, electronic or digital media including, but not limited to, course materials and brochures, video and audio broadcast programs, and website, social media and online communications. I also consent to the use of statements, comments, or opinions I have made, whether oral or written, referring or relating to Glion Institute of Higher Education and its affiliates, business, or programs. I hereby grant to Glion Institute of Higher Education and its affiliates, all right, title, and interest that I may acquire in such photographs and/or videos, including if applicable the right to copyright them and to use, reuse, publish and republish them, in whole or in part as they deem appropriate without restriction as to manner, frequency or duration of usage. Any materials produced hereunder will be and remain the sole and exclusive property of Glion Institute of Higher Education and I hereby waive any right to review such materials prior to their use. The consent given herein is given on the express understanding and condition that no reward or compensation is or shall be due to me. I further understand that I may revoke this authorization in writing at any time, except for information which have already been released or published with consent and prior to my revocation. I hereby release and discharge Glion Institute of Higher Education and its affiliates from any and all claims and demands arising out of or in connection with the use of the photographs and/or videos in accordance with this consent, including without limitation any and all claims for libel or invasion of privacy.

If underage, consent of parent or legal guardian is required:

I hereby certify that I am the parent or guardian of the minor named above, and I approve the foregoing on behalf of the minor.

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

I do not give my consent for the use of my name, photograph, image, voice or other likeness.