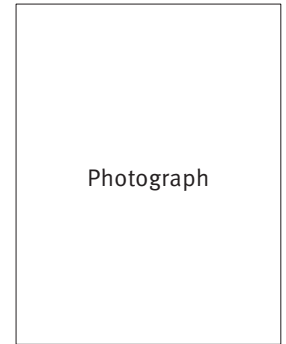


Please complete the Registration Form in **capitals** and return the four pages with all attachments by post or Fax +41 81 851 30 99



Registration Form

1. Student details

Family name _____

First name(s) _____ Preferred name _____

Date of birth D _____ M _____ Y _____ Mother tongue or best language _____

Nationality _____ Religion _____

(Swiss students) Citizen of _____ Sex: male female

Place of birth _____

2. Correspondence address of parents or guardian (parties to the contact)

Family name father _____ Family name mother _____

First name(s) father _____ First name(s) mother _____

Maiden name mother _____

Street _____

Zip code _____ Place _____ Country _____

Telephone home _____ Telephone work _____

Mobile _____ Fax _____

Email _____

Divorced parents: Person responsible for child's education: Father and Mother Mother Father

3. Second address (separate address or second home)

Family name father _____ Family name mother _____

First name(s) father _____ First name(s) mother _____

Maiden name mother _____

Street _____

Zip code _____ Place _____ Country _____

Telephone home _____ Telephone work _____

Mobile _____ Fax _____

Email _____

Would you like your mail to be sent to both addresses? yes no

4. Address for invoices (if different from correspondence address)

Family name _____

First name(s) _____

Street _____

Zip code _____ Place _____ Country _____

Telephone home _____ Telephone work _____

Mobile _____ Fax _____

Email _____

5. Enter Lyceum Alpinum Zuoz

Date _____ Grade/Class _____

Programme: Swiss Matura/German Abitur International Baccalaureate (IB)

6. Further details

Please answer these questions as completely as possible since this is essential information for everyone concerned with your child's welfare and education.

Previous schools from/to/name and location of the school/grade

Promoted into current class: yes no provisionally

Language competence (very good, good, basic)/years of tuition/catch-up study required

Mother tongue or best language _____

German _____

English _____

French _____

Italian _____

German as a second language _____

others _____

Educational goal: Matura/Abitur IB

Probable duration of stay at the Lyceum Alpinum Zuoz _____ years

Optional musical instrument lessons yes no

Musical instrument: _____

General remarks

Family: age and profession of parents and siblings

Student: character, conduct, talents

Hobbies, sport

Has the student ever been reprimanded by or expelled from another school?

(i.e. drug or alcohol abuse) yes no

If yes, please give reasons.

Was your child diagnosed with specific learning disorders? If yes, please give details.

How did you hear about the Lyceum Alpinum Zuoz?

7. Insurance

Detailed information about insurance cover can be found under «General Information».

We have our own accident health insurance cover

We would like our child to be covered under the Lyceum Alpinum Zuoz collective accident and health insurance policy (monthly premium approx. CHF 150.-).

Cover provided by the Lyceum Alpinum Zuoz combined accident and health insurance policy is **obligatory** for children whose parents reside **outside Switzerland or the European Union**. Upon signature of the school registration form appropriate cover will be arranged automatically by the school with the ÖKK St. Moritz.

We have a third-party liability insurance policy:

Name of the insurance company and policy number _____

We would like our child to be covered against third party liability under the Lyceum Alpinum Zuoz collective policy.

8. At which Swiss Embassy should we apply for the visa?

9. Signatures

Place and date _____

Parent or Legal Guardian (name) _____

Signature _____

Parent (spouse's name) _____

Signature _____

Students aged 18 or over (name) _____

Signature _____

February 2011

Attachments

- | | |
|---|--|
| <input type="radio"/> Students Questionnaire | <input type="radio"/> Photocopy of passport |
| <input type="radio"/> Recommendation Forms | <input type="radio"/> Medical certificate/Photocopy of vaccination certificate |
| <input type="radio"/> Photocopy of the last two school report cards | <input type="radio"/> Photocopy of medical insurance certificate |
| <input type="radio"/> Photocopy of language diplomas | <input type="radio"/> Passport photograph |
| <input type="radio"/> Photocopy of expert's report on specific learning disorders | <input type="radio"/> Transfer receipt for registration fee |