

# I. LAS TRAVEL & EMERGENCY CONTACT INFORMATION

**Student Name:** \_\_\_\_\_

(Last Name, First Name, Middle Initial)

**Date of Birth:** \_\_\_\_\_

(Day, Month, Year)

**Parent/Guardian Name:** \_\_\_\_\_

(Last Name, First Name, Middle Initial)

**Tel No/Email:** \_\_\_\_\_

Please complete the information below and return the form to the Admissions Office no later than August 1. Details may also be emailed or faxed to the LAS Travel Office: email: travel@las.ch, fax: +41 24 493 4894.

**NOTE:** Arrivals and departures should correspond to LAS specified travel days. Additional charges will be applied (CHF 300) for airport transfers to and from Geneva airport on non-specified travel days.

## PLANE ARRIVAL INFORMATION (Only applicable to GENEVA Airport)

**Date:** \_\_\_\_\_

(Day, Month, Year)

**Arrival Time:** \_\_\_\_\_

**Flight number:** \_\_\_\_\_

**Origin City of Flight:** \_\_\_\_\_

**STATUS AS AN UNACCOMPANIED MINOR (UM)**

Yes

No

**NOTE:** IN ORDER FOR A CHILD TO TRAVEL AS AN "UNACCOMPANIED MINOR" (UM), PARENTS/GUARDIANS MUST CONTACT THE AIRLINE, PAY THE FEE, AND COMPLETE THE NECESSARY PAPERWORK FOR THIS SERVICE. YOUNG CHILDREN ARE NOT ALWAYS AUTOMATICALLY CONSIDERED "UM".

**Number of persons (including accompanying relatives) who will require LAS transfer service:** \_\_\_\_\_

## TRAIN ARRIVAL INFORMATION

**Date:** \_\_\_\_\_

(Day, Month, Year)

**Arrival Time:** \_\_\_\_\_

## CAR ARRIVAL INFORMATION

**Date:** \_\_\_\_\_

(Day, Month, Year)

**Arrival Time:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION OTHER THAN PARENT/GUARDIAN - (THIS INFORMATION WILL ONLY BE USED IN CASE OF AN EMERGENCY AND IF PARENTS/GUARDIANS CANNOT BE REACHED)**

**Primary Contact Name:** \_\_\_\_\_

(Last Name, First Name)

**Relationship to student:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

(Last Name, First Name)

**Relationship to student:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

## IIa. LAS HEALTH PERMISSIONS

Student Name:

(Last Name, First Name, Middle Initial)

Date of Birth:

(Day, Month, Year)

Parent/Guardian Name:

(Last Name, First Name, Middle Initial)

Tel No/Email:

**This form is to be completed EVERY YEAR, signed and returned to the LAS Admissions Office no later than August 1. LAS RESERVES THE RIGHT TO WITHHOLD A STUDENT FROM CLASSES/ACTIVITIES UNTIL A SIGNED COPY OF THIS FORM IS RECEIVED.**

### MANDATORY PERMISSIONS

#### EMERGENCY AUTHORIZATION

Whilst every effort is made to contact parents/guardians when medical or surgical emergencies arise, our experience shows that this is not always possible. As a result, LAS requires that all parents/guardians agree to the following permission:

By signing this form, I hereby authorize the LAS medical staff and attending physician(s) to secure and provide emergency medical and surgical treatments as may be considered necessary for my son/daughter. In addition I authorize the Head of School (or other person designated by the Head of School) to sign consent forms that may be required by the medical authorities in my place.

#### CONFIDENTIAL INFORMATION

By signing this form, I hereby authorize the LAS Health Center to obtain/release confidential information related to the physical, emotional, and/or academic well being of my son/daughter.

I understand that this information will only be used to aid in the support of my son/daughter and will be held in the strictest confidence.

#### OPTIONAL PERMISSIONS

I hereby give my permission for my son/daughter to:

##### Yes No

- receive dental treatment and services if required
- receive orthodontic treatments
- receive an eye examination or re-examination
- order glasses or contact lenses if needed
- receive a flu vaccination - LAS and the LAS Health center recommends that all LAS students receive the flu vaccination. Although the vaccination does not eradicate flu completely, it can decrease the effects considerably.

#### ADDITIONAL COMMENTS

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#### NOTE:

1. **ALL** medicines must be registered with the nurse upon arrival.
2. For the safety of all, students are **Not** allowed to keep medicines, including supplements (i.e. body-building products, homeopathic medicines, etc.) and over the counter medicines, in their rooms, except with approval from LAS medical staff.
3. Students must **Not** be sent with medicines other than those prescribed by a doctor. The LAS Health Center is well stocked and the school medical staff are able to treat most conditions as necessary.

Parent/Guardian Signature:

Date:

(Day, Month, Year)

## 11b. LAS PHYSICAL EXAMINATION (TO BE COMPLETED BY PHYSICIAN)

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial) (Day, Month, Year)

**Parent/Guardian Name:** \_\_\_\_\_ **Tel No/Email:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

**General Condition:** \_\_\_\_\_

**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Blood Pressure:** \_\_\_\_\_ **Hearing Test:** \_\_\_\_\_  
(Date of last exam)

**Head/Neck:** \_\_\_\_\_ **Chest/Lungs:** \_\_\_\_\_ **Abdomen:** \_\_\_\_\_ **Heart:** \_\_\_\_\_

**Eyes/Vision:** \_\_\_\_\_ **Genitals:** \_\_\_\_\_

Please list any other pertinent information that might restrict or have bearing on the above-mentioned student's participation in school activities, i.e. special physical limitations, diet requirements, medical regime, regular medication, diseases unlisted above, etc. Attach specific directions to be followed up by the LAS nurse or school physician.

### IMMUNIZATION / VACCINATION RECORD (date = day, month, year)

Immunization	date	date	date	date	date	has had illness / date
Diphtheria, Tetanus Pertussis						
Diphtheria Tetanus (Td)						
Polio						
MMR (Measles, Mumps, Rubella)						
Hepatitis A						
Hepatitis B						
Varicella Vaccine						
Hib						
Meningococcal						
TB Test Result						
Other						

Chicken Pox	No _____	Yes _____	date / /
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Diphtheria/Tetanus and Polio boosters are recommended within the last 10 years by the Swiss Government.

**\*Examining Physician (please stamp to officialize document)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Examining Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Day, Month, Year)

## IIc. LAS MANDATORY HEALTH INFORMATION

(PHYSICIAN NOT REQUIRED)

Student Name:

(Last Name, First Name, Middle Initial)

Date of Birth:

(Day, Month, Year)

Parent/Guardian Name:

(Last Name, First Name, Middle Initial)

Tel No/Email:

This form is to be completed, signed and received by the LAS Admissions Office no later than August 1.  
Failure to return this form may jeopardize the enrollment of the student.

**MEDICAL HISTORY** - Has your son/daughter ever suffered from the following maladies? If yes, please explain.

Yes No

**ALLERGIES**

Drug

Yes No

Asthma

(If yes, date of last attack, treatment)

Food

Environmental

Physical Activity - restrictions or limitations

Hospitalizations

Back Problems

Seizures/Epilepsy

(If yes, date of last seizure, treatment)

Migraine Headache

(If yes, last one, frequency, treatment)

Surgeries

Heart Disorders

Daily Medicine(s)

(If yes, please give details and attach a copy of the physician's prescription(s) stating dose and frequency)

### PSYCHOLOGICAL HISTORY

Yes No

Is your son/daughter currently being seen by a counselor, psychologist, and/or psychiatrist?

(If yes, please provide description and a contact name and details on a separate sheet)

Has your son/daughter ever seen a counselor, psychologist, and/or psychiatrist?

(If yes, please specify dates. If within the last two years, please provide contact name and details of treating health professional)

Yes No

*Please indicate if any of the following apply to your son/daughter*

Frequent Anxiety

Frequent Depression

Worry or Nervousness

Difficulty Sleeping

First Time Living Away From Home

*I hereby attest that all information listed on all medical forms is true.*

*LAS reserves the right to dismiss any student if the information provided is false or misleading.*

Parent/Guardian Signature:

Date:

(Day, Month, Year)

### III a. LAS PERSONAL ACCOUNT & SERVICES

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial) (Day, Month, Year)

**Parent/Guardian Name:** \_\_\_\_\_ **Tel No/Email:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

**POCKET MONEY DISTRIBUTION AND MAJOR PURCHASES AND EQUIPMENT RENTAL ARE DEPENDENT ON SUFFICIENT FUNDS BEING AVAILABLE IN THE PERSONAL ACCOUNT**

**POCKET MONEY** - my son/daughter has authorization to receive \_\_\_\_\_ CHF/week  
(CHF 150 maximum; CHF 60 recommended for 8th & 9th, CHF 75 for 10th & 11th, CHF 100 for 12th)  
**NOTE:** Pocket money is doubled for the Family Trip and tripled for the Swiss & European Cultural Trip

**MAJOR PURCHASE/SPORT EQUIPMENT RENTAL** (e.g. sports equipment, musical instruments, clothing)  
**NOTE:** Ski/snowboard equipment is required to participate in winter term activities

My son/daughter has authorization to charge up to CHF 2000/year \_\_\_\_\_ (please check box if YES)   
(for any amount exceeding CHF 2000, written parental permission must be sent to accounting@las.ch)

My son/daughter has unlimited spending authorization \_\_\_\_\_ (please check box if YES)

Please list foreseen items : \_\_\_\_\_  
\_\_\_\_\_

**CONTENTS THEFT INSURANCE** - Please insure my son/daughter's belongings:  Yes  No

- Option 1 - CHF 200 premium = (general) + up to CHF 3'000 off campus
- Option 2 - CHF 250 premium = (general) + up to CHF 4'000 off campus
- Option 3 - CHF 300 premium = (general) + up to CHF 5'000 off campus

**NOTE:** A list of items, in accordance with the terms mentioned in the pertinent section of the current LAS Handbook, must be provided to the LAS Accounting Office upon arrival. Police reports are required in the event of an eventual claim. All policies remain in effect for the entire duration of a student's stay at LAS.

**CREDIT CARD PERMISSION AND AUTHORIZATION**

I authorize LAS to charge my credit card the amount required to replenish my son/daughter's Personal Account and/or charge it for the purchase of a laptop (see LAS Laptop Purchase Program form). **I accept the 5% administrative fee for each transaction** and that my son/daughter's account should be maintained at a credit level of CHF 5,000.

**Authorization**  Replenish Personal Account  Laptop Purchase

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Expiry Date: \_\_\_\_\_

CVV Security Code: (the last 3 digits after card number printed on rear of card, last 4 digits for American Express) \_\_\_\_\_

Card Type:  Visa  Mastercard/Eurocard  American Express

**NOTE:** Student Credit Cards are **Not** permitted in accordance with LAS policy. (Please refer to the LAS Student Handbook - Credit Card Policy)

With the signature provided below LAS has permission to manage my son/daughter's Personal Account in accordance with my wishes (stipulated above) and the conditions and guidelines of the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Day, Month, Year)

## III b. LAS CAMPUS STORE

**Student Name:**

(Last Name, First Name, Middle Initial)

**Date of Birth:**

(Day, Month, Year)

**Parent/Guardian Name:**

(Last Name, First Name, Middle Initial)

**Tel No/Email:**

Please specify the amounts you wish to authorize for the services listed below.  
If a service does not apply please write **N/A** in the designated area.

### SCHOOL STANDARDISED DRESS

LAS recommends the following **MINIMUM** package to allow students to have clean clothes and meet the daily expectation of being in dress code during classes. **LISTED ITEMS ARE AVAILABLE FOR PURCHASE UPON ARRIVAL AT LAS FROM THE CAMPUS STORE.**

(3) Black Pants (or Skirts for girls)	(1) Sweater Vest
(2) White Oxford Button-down Shirts	(1) Ski/Outdoor Jacket
(3) White Polo Shirts	

**NOTE:** 2 sets of T-shirts and shorts, required for PE/Gym classes, may be purchased ahead of time and should preferably be black in color.

LAS school dress and additional clothing items are deducted directly from the student's Personal Account at the end of each semester.

My son/daughter has authorization to spend \_\_\_\_\_

CHF/year

(recommended minimum CHF 800/year)

### IT LAPTOPS AND SUPPLIES

Computer supplies and laptops purchased through the LAS Laptop Program will be prepared and configured for the LAS systems.

**PARENTS WISHING TO PURCHASE A LAPTOP THROUGH LAS SHOULD USE THE ACCOMPANYING LAS LAPTOP PURCHASE PROGRAM FORM**

Additional computer supplies ordered through the Campus Store are deducted directly from the student's Personal Account.

My son/daughter has authorization to spend \_\_\_\_\_

CHF/year

(recommended CHF 200/year)

### IT HELPDESK REPAIRS

The LAS IT Helpdesk collaborates with a local computer center for repairs to student laptops. The cost of any repairs, not covered by warranty, are charged to the student's Personal Account.

My son/daughter has authorization to spend \_\_\_\_\_

CHF/year

(minimum CHF 100/year)

### CAMPUS STORE SUPPLIES

The Campus Store provides students with all the study materials needed for the school year, as well as LAS souvenirs.

My son/daughter has authorization to spend \_\_\_\_\_

CHF/year

(recommended CHF 500/year)

### COMMUNICATIONS PERMISSION (AN LAS SIM CARD IS MANDATORY FOR ALL STUDENTS):

- My son/daughter already has a mobile phone and will ONLY require an LAS SIM\* card (\*CHF 40 deposit charged to Personal Account)
- My son/daughter already has a mobile phone and school SIM card (Returning students)
- My son/daughter will require a school cell phone\* and SIM\* card (\*CHF 540 charge if the phone is not returned upon student departure)

I authorize up to CHF \_\_\_\_\_ per month for mobile phone/LAS Communications (recommended CHF 50-200)

With the signature provided below LAS has permission to manage my son/daughter's Personal Account in accordance to my wishes (stipulated above) and to the conditions and guidelines of the school.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Day, Month, Year)

### III c. LAS LAPTOP PURCHASE PROGRAM

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial) (Day, Month, Year)

**Parent/Guardian Name:** \_\_\_\_\_ **Tel No/Email:** \_\_\_\_\_  
(Last Name, First Name, Middle Initial)

**LAS students are required to have a wireless-enabled laptop computer with MS Office while attending school. The LAS network is compatible with both Macintosh and Windows platforms. MS Office for both Mac and PC is available for purchase through our Campus Store if necessary.**

Through the LAS Campus Store’s Laptop Purchase Program, parents can select a pre-configured Apple laptop with the following items:

- Extended 3 year warranty
- Neoprene sleeve
- Software configuration:
  - MS Office (Mac)
  - Virtualization SW for MS Windows 7
  - Additional educational programs
- LAS Network configuration

**OPTION 1: CHF 3,000**

**MacBook Pro 2.4 GHz**  
(or equivalent at time of order)

Screen	13"
Processor	2.4 GHz
Ram	4 GB
HD	320 GB
also included	Leopard US Keyboard

**OPTION 2: CHF 4,200**

**MacBook Pro 2.66 GHz**  
(or equivalent at time of order)

Screen	15"
Processor	2.66 GHz
Ram	4 GB
HD	320 GB
also included	Leopard US Keyboard

**OPTIONAL TRAVEL PACKAGE**

**Travel Package: CHF 400**

- Travel Bag
- Plane Cable Adaptor
- Travel Adaptors

**OPTIONAL DORM PACKAGE**

**Dorm Package: CHF 1,500**

- Wireless Magic Mouse
- Wireless Keyboard (US)
- Screen 24"
- Mini Display Port Adaptor to DVI
- Internet Telephone Headphones

**OPTION 1 CHF 3,000**     

**OPTION 2 CHF 4,200**     

**TRAVEL PACKAGE CHF 400**     

**DORM PACKAGE CHF 1,500**     

**TOTAL PACKAGE ORDER:** (please total the amount from the selected options) \_\_\_\_\_ CHF

**PAYMENT OPTIONS:**

**INVOICE**            PLEASE SEND AN INVOICE FOR THE ABOVE AMOUNT

**CREDIT CARD PAYMENT**            PLEASE CHARGE MY CREDIT CARD FOR THE ABOVE AMOUNT

**NOTE:** credit card details must be provided on the Personal Account & Services form (III a.)

I hereby understand that LAS will **ONLY** place my order once full payment has been received and that once the order has been placed delivery time is 3-4 weeks.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Day, Month, Year)

## IV. LAS STUDENT & PARENT PERMISSIONS

Student Name:

(Last Name, First Name, Middle Initial)

Date of Birth:

(Day, Month, Year)

Parent/Guardian Name:

(Last Name, First Name, Middle Initial)

Tel No/Email:

### STUDENT HANDBOOK

I have read and understood the current LAS Student Handbook and agree to adhere to the specific procedures/policies outlined within it.

(please check box if YES)

### LAS HONOR CODE

I have read and understood the expectations of the LAS Honor Code and agree to uphold the rules and spirit of the LAS Honor Code.

(please check box if YES)

### RELIGIOUS FASTING

Please give details below of any specific religious obligations, which may affect your son/daughter's participation in school activities, meal times or other aspects of school life.

For example: permission to fast during Ramadan, celebrate Easter or attend Synagogue during High Holidays.

### SENIOR ALCOHOL PRIVILEGE - 12<sup>th</sup>, 13<sup>th</sup> & PG STUDENTS ONLY

As parent/guardian of a senior who is eligible for alcohol privileges I ***give/do not give*** permission for my son/daughter to drink beer and wine in moderation based on rules outlined in the LAS Handbook.

**NOTE: This is a privilege and is revocable by LAS at any time.**

(please check appropriate box)

I give alcohol privileges

I do not give alcohol privileges

### TRAVEL PERMISSION

By checking the appropriate level of travel option I, as the parent/guardian, give documented standing permission for the whole of the academic school year taking full responsibility for the safety and well-being of my son/daughter while travelling. As parent/guardian I acknowledge that LAS assumes no liability when students participate in this type of independent, parent/guardian-authorized travel.

All the conditions for travel privilege are set out in the LAS Student Handbook.

Normal Day Travel (return check-in at 16:00-17:00, 16 years or older) (please check box if YES)

Extended Day Travel (return check.in at 22:30-23:15, 16 years or older) (please check box if YES)

Standard Overnight Travel (16 years or older) (please check box if YES)

Elite Overnight Travel (17 years or older) (please check box if YES)

*continued overleaf.....*

Parent/Guardian Signature:

Date:

(Day, Month, Year)

## IV. LAS STUDENT & PARENT PERMISSIONS contd.

Student Name:

(Last Name, First Name, Middle Initial)

Date of Birth:

(Day, Month, Year)

Parent/Guardian Name:

(Last Name, First Name, Middle Initial)

Tel No/Email:

### LAS ACTIVITIES & LIABILITY DISCLAIMER

At LAS we offer students the chance to participate in outdoor activities that may involve an element of risk under qualified supervision (e.g. river rafting, kayaking, water skiing, climbing, rope courses etc). Please check the appropriate box if you give permission for your son/daughter to participate in these activities.

I give permission

I do not give permission

### SKIING

Our winter ski option is an essential part of the activities program offered to LAS students. Once students reach a competent level and have undergone an avalanche awareness course they are able to free ski in groups at the weekend. Please check the appropriate box if you allow your son/daughter to free ski in groups without adult supervision.

I give permission

I do not give permission

**PRE-SEASON SUPERVISED TRIPS**, usually start in Mid-November. Students may be eligible for this privilege **ONLY** under the following circumstances:

1. If they were an advanced or intermediate skier/boarder as an LAS student last winter.
2. If they are new to LAS and parents verify that they have received the equivalency in lessons or have a skiing/snowboarding background.

**Note: Ski trips outside of Leysin, Switzerland, which are not offered and supervised by LAS, are not allowed.**

*(please check appropriate box)*

I hereby give my son/daughter permission to have pre-season ski privilege before actual ski/snowboard lessons begin in January.

Yes

No

### LAS LIABILITY & INSURANCE INFORMATION

I understand that LAS maintains health, accident and liability insurance policies with reliable Swiss firms according to legal requirements. I acknowledge, however, that LAS and its personnel accept no liability whatsoever beyond that covered by such policies. I also confirm that the information in this consent form acts as standing permission.

Parent/Guardian Signature:

Date:

(Day, Month, Year)