

# 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 3622.

**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** (to Leysin–Feydey Station)

**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 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:

- ALL** medicines must be registered with the nurse upon arrival.
- 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.
- 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)

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.

**POCKET MONEY** - my son/daughter has authorization to receive \_\_\_\_\_ CHF/week  
(CHF 120 maximum; CHF 60 recommended for 8th & 9th, CHF 75 for 10th & 11th, CHF 100 for 12th)

#### MAJOR PURCHASE/SPORT EQUIPMENT RENTAL

With parental permission major purchases such as sports equipment, musical instruments or clothing may be charged to a student's Personal Account. **NOTE:** Ski/snowboard equipment is required to participate in winter term activities.

My son/daughter has authorization to spend \_\_\_\_\_ CHF/year  
(approximately CHF 1000/year)

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 Student Life Handbook, must be provided to the LAS Accounting Office upon arrival. Police reports are required in the event of an eventual claim.

#### 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 Life 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 or Khaki Pants (or Skirts for girls)	(1) Sweater Vest
(2) Light Blue or White Oxford Button-down Shirts	(1) Polartec Fleece Jacket/Vest
(3) Black or 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 700/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 (A 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 (\*deposit of CHF 540 charged to the Personal Account)

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:**

(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 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.

Through the LAS Bookstore's Laptop Purchase Program, parents can select a preconfigured Apple laptop with the following items:

- Extended 3 year warranty
- Neoprene sleeve
- Software configuration:
  - Anti-virus Program
  - MS Office (Mac & PC)
  - Virtualization SW for MS Windows Vista
  - Additional educational programs
- LAS Network configuration

For students bringing their own laptop, they may either configure it for LAS use themselves, using a guide provided by LAS, or request assistance from the IT Helpdesk. If the second option is chosen, a CHF 80 service cost is charged to the student's Personal Account.

**Option 1: CHF 3,000**

**MacBook 2.4 GHz**

Screen	13"
Processor	2.4 GHz
Ram	2 GB
HD	320 GB
also included	Leopard US Keyboard

**Option 2: CHF 4,200**

**MacBook Pro 2.66 GHz**

Screen	15"
Processor	2.66 GHz
Ram	2 GB
HD	320 GB
also included	Leopard US Keyboard

**OPTIONAL TRAVEL PACKAGE**

**Travel Package: CHF 400**

Travel Bag  
Additional Battery  
Travel Adaptors

**OPTIONAL DORM PACKAGE**

**Dorm Package: CHF 1,400**

Wireless Mouse  
Wireless Keyboard (US)  
Screen 20"  
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 1,400**

**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 PRE-SEASON SKIING / SNOWBOARDING 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 permission form will enable our Activities Department to establish which students have parental permission to participate in school-sponsored, early-season ski trips for the 2009/2010 school year.

**IMPORTANT: 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 (2008/2009)
2. if they are new to LAS and parents verify that they have received the equivalency in lessons or a skiing/boarder background

NOTE: SKI TRIPS OUTSIDE OF LEYSIN, SWITZERLAND, WHICH ARE NOT OFFERED AND SUPERVISED BY LAS, ARE NOT ALLOWED.

Please complete this form and return it to the Admissions Office. Permissions may also be emailed or faxed to the attention of Mr. Ethan Harris, Director of Athletics. Any questions should be addressed directly to Mr. Harris.

Fax: +41 (0)24 493 3790

Email: eharris@las.ch

**NO** student will be granted permission to participate in a pre-season ski trip unless this form is completed by a parent/guardian and returned to LAS.

**"Ski Season", for pre-season supervised trips, usually starts in mid-November. Students with permission to participate in these trips should, therefore, bring ski equipment & clothing with them at the start of the year.**

### PARENTAL PERMISSION

I hereby confirm that my son/daughter can ski or snowboard at an intermediate or advanced level and I have full confidence that he/she will be able to ski/snowboard safely without having prior lessons this year.

Yes

No

I hereby give my son/daughter permission to participate in school-sponsored ski trips before actual ski/snowboard lessons begin in January 2010.

Yes

No

Parent/Guardian Signature:

Date:

(Day, Month, Year)

## V. LAS STUDENT LIFE AGREEMENT

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 LIFE HANDBOOK

I have read and understood the current LAS Student Life Handbook, and agree to adhere to the specific procedures/policies outlined within it, specifically in the following areas:

**ACADEMIC INFORMATION, TRAVEL & WEEKEND LEAVE, BEHAVIOR EXPECTATIONS, STUDENT HEALTH, SCHOOL STANDARDIZED DRESS, TOBACCO, ALCOHOL, DRUG POLICIES**

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

Having read, and being in agreement with, the expectations set forth under the alcohol privileges (reserved for 12<sup>th</sup>, 13<sup>th</sup> & PG students only), I acknowledge the following (please check appropriate box):

Should my son/daughter earn senior alcohol privileges, I grant my permission allowing him/her to drink wine and beer as stipulated by LAS policy. My son/daughter understands clearly that this is a privilege that is revocable at any time by his/her parents or the School.

Yes

No

### RELIGIOUS FASTING

LAS is a secular institution that respects and supports major world religions while striving to maintain a harmonious school community of over 55 different nations.

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, Easter or attend Synagogue during High Holidays

### LAS LIABILITY DISCLAIMER

I affirm by my signature that I understand that health, accident, and liability insurances are arranged with reliable Swiss firms according to legal requirements, and that the School and its personnel accept no liability whatsoever beyond that covered by the insurance policy.

Similarly, the School and its personnel cannot be held responsible for loss of, or damage to, personal property or for any personal debts incurred by the students.

I hereby agree to the terms and conditions of enrollment as set forth in the current LAS Student Life Handbook and official school documents.

Parent/Guardian Signature:

Date:

(Day, Month, Year)