

LAS edge™ 2018 Application Form:

Student Participant			
Last Name:		First Name:	
Middle Name:		Preferred Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Age:	Date of Birth: / / <small>day month year</small>	
Student's mobile phone number while in Switzerland (if applicable):			
Nationality:		Mother Tongue	
Have you attended LAS Summer before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of current school:	Current grade:
Parent/Legal Guardian - Please address invoice to Parent/Guardian: Please send all correspondence to Parent/Guardian:			
Father <input type="checkbox"/> Mother <input type="checkbox"/>	Last Name:	First Name:	
Street:			
Street 2:			
City:		State:	Zip/Post Code:
Country:		Email:	
Mobile Phone: <small>(Include International dialing code)</small>		Home Phone: <small>(Include International dialing code)</small>	
Agent (if applicable) - Please address invoice to Agent: Please send all correspondence to Agent:			
Mr. <input type="checkbox"/> Ms. <input type="checkbox"/>	Last Name:	First Name:	Stamp:
Company:			
Office Phone: <small>(Include International dialing code)</small>		Email:	
Emergency Contact (Cannot be the primary contact or agent)			
Last Name:		First Name:	Relation to the Student :
Mobile Phone: <small>(Include International dialing code)</small>		Home Phone: <small>(Include International dialing code)</small>	
Mandatory Health Form (Physician not required)			
Childhood Medical History: Has/does your son/daughter...			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Take any daily medication?		Frequent anxiety?
	Ever been hospitalized?		Frequent depression?
	Ever undergone surgery?		Worry or nervousness?
	Have a chronic medical condition?		Difficulty sleeping?
	Have a food, drug or environmental allergy?		First time living away from home?
	Have a prescribed EpiPen?		Attention Deficit Disorder (ADD, ADHD)?
	Suffer from any of the following conditions: asthma, seizures/epilepsy, heart disorder, migraine headaches, back problems?		Eating disorder?
*If yes to any of the above, please attach an explanation.			
Please provide dates, where applicable, for the following:			
Last Tetanus vaccination:		My child has not received this vaccination:	
Last Tuberculosis (TB) vaccination:		My child has not received this vaccination:	
Last Varicella (chicken pox):		My child has not received this vaccination:	

How Did You Hear About LAS edge™?

Please mark one box only:

- | | | |
|---------------------|-----------------|-------------------------------------|
| Agency | Internet Search | Swiss Learning Group |
| Corporate Company | School Fair | Personal Contact (write name below) |
| Educational Website | School | _____ |
| | Social Media | Other _____ |

The deposit of 2,000 CHF must accompany the application form of which CHF 1,500 is non-refundable. 500 CHF will be transferred to the students personal account for pocket money. Any unused funds will be refunded.

Pocket Money Permission: Weekly pocket money is distributed to the students by the school. LAS Summer recommends one of following amounts per week: 100 CHF 150 CHF 200 CHF Other _____

Total cost of LAS edge™ (including pocket money). A minimum of 2,000 CHF is due when submitting application: Please let us know if you would like to send more pocket money for your child.

LAS edge Program + 500 pocket money = 9,400 CHF

All prices and fees are listed in Swiss francs (CHF). Full payment is due by May 15, 2018. Please check preferred payment method:

- PayPal Wire Transfer

Swiss Franc CHF Payments

Credit Suisse AG 8079
Zurich CHF Account
Account No. 1262015-31
IBAN: CH920483 5126 2015 3100 0
SWIFT code: CRESCHZZ80A

US \$ Payments

Credit Suisse AG 8079
Zurich USD (\$) Account
Account No. 1262015-32-1
IBAN: CH31 0483 5126 2015 3200 1
SWIFT code: CRESCHZZ80A

Euro € Payments

Credit Suisse AG 8079
Zurich Euro (€) Account
Account No. 1262015-32
IBAN: CH58 0483 5126 2015 32 00 0
SWIFT code: CRESCHZZ80A

When making a wire transfer please use the student's full name as reference.

I have attached the following:

- Copy of my child's passport ID-style digital photo Deposit

Students who attend LAS edge™ may be photographed or recorded during LAS edge™ activities. LAS reserves the right to use these images, which may be posted on LAS controlled social media sites, such as Facebook, Twitter, or Instagram, or published in LAS / LAS edge™ promotional materials. LAS will not publish specific identifying information, such as the family name, of any student.

I, the parent/guardian, allow LAS edge™ to take photos and record my child.

I, the parent/guardian, will **NOT** allow LAS edge™ to take photos and record my child.

General Booking Conditions and the Code of Behavior and Liability link:

https://www.las.ch/wp-content/uploads/2017/09/terms_and_conditions.pdf

I declare all the above information supplied to be true and correct. I, the parent / guardian, have read and explained to my child the General Booking Conditions and the Code of Behavior and Liability.

Signature: _____ Date: _____