

LOVELL INTERNATIONAL ACADEMY 2022 STUDENT REGISTRATION

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Name (First and Last):				
Name Used:		- 00		
Date of Birth:	(Day / Month / Year)	Nationality:		
First Language:		Other Language:		
Name of Parent:				
Mailing Address:				
Telephone Numbers:				
Mobile Numbers:				
Email Address:				
2021/22 Academy T	erms (Please circle)			
	EPARATION COURSE: MG	ONDAY DECEMBER 20 - FRIDAY JANUARY 31		
WINTER TERM: MOND	AY JANUARY 10 th to I	FRIDAY MARCH 25 th (Half term break 21 -25 February)		
Day Fees	CHF 15,900			
WINTER TERM: SUNDA	AY JANUARY 9th to SA	TURDAY MARCH 26th		
Boarding Fees	CHF 25,900			

This is to certify that I agree to the terms and conditions for Lovell International Winter Academy, and that if this application is accepted by Lovell International Winter Academy, I will pay the academy fees in accordance with the terms. I understand that no portion of the registration deposit will be refunded. I understand that the remainder of the fees will only refunded if written notice indicating that the above-mentioned child will be unable to attend, is received by the academy on or before December 10th, 2022. I understand and agree that no reduction in fees or allowance will be made for my child's temporary absence, withdrawal or dismissal from the Academy.

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Date:	Signature:	
Date.	olgilature.	