

LOVELL INTERNATIONAL ACADEMY 2023 STUDENT REGISTRATION

dismissal from the Academy.

Photo

| 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: | | |
| 2023 Academy Terms (Please circle) | | |
| WINTER TERM: MONDA | AY JANUARY 9th to FRII | DAY MARCH 24 th (Half term break 13 -19 February) |
| Day Student Fees | CHF 15,900.00 | |
| 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 9 th , 2022. I understand and agree that no reduction in fees or allowance will be made for my child's temporary absence, withdrawal or | | |

Signature: