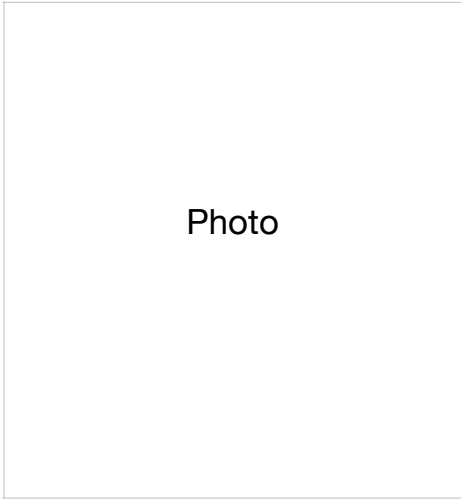




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Photo

LOVELL INTERNATIONAL ACADEMY 2027 STUDENT REGISTRATION

Name (First and Last): _____

Name Used: _____ Boy Girl

Date of Birth: _____ Nationality: _____
(Day / Month / Year)

First Language: _____ Other Language: _____

Name of Parent: _____

Mailing Address: _____

Telephone Numbers: _____

Mobile Numbers: _____

Email Address: _____

2025 Academy Terms

Winter Term: MONDAY JANUARY 11th to FRIDAY MARCH 19th

Day Fees: CHF 18,500.00

Weekly Fees: CHF 1,950.00

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 be refunded if written notice indicating that the above-mentioned child will be unable to attend, is received by the academy on or before December 1st, 2026. 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.

Date: _____

Signature: _____



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Lovell International Academy Winter Term 2027 Winter Term Information Questionnaire

1. The careful completion of this questionnaire will aid the academy greatly in planning for the program and care of your child. Please refer to "Important Reminders Concerning Policies and Procedures" for detailed explanations of the various items in this questionnaire.

Name of Student: _____ **Birthdate:** _____

Mailing Address:

Telephone _____

Cell Phone 1. _____

Cell Phone 2. _____

E-mail _____

Second Address:

Telephone _____

Cell Phone 1. _____

Cell Phone 2. _____

E-mail _____

2. Social and Medical:

Regular dental, eye and immunization controls are the responsibilities of parents. Please ensure that that these check-ups are organized during vacation periods and that the Academy is informed about any special measures that might be required. Academy medical forms and questionnaire must be accurate and up to date.

List foods that cannot be eaten for medical or religious reasons:

Please note any academic, social or medical concerns about which the academy should be informed:

3. Health insurance that provides full coverage in Switzerland is compulsory for all students.

a) If you do not have health insurance coverage for Switzerland, please check the following plan:

Program I (semi-private: CHF 300.00 / mon.)

b) If you do have health insurance for Switzerland, please give the name of your company.

4. Considering that we try to keep extra expenses to a minimum, are you, in principle, willing to support other extra programs, such as private lessons, computer usage, special books, materials, equipment and excursions, if deemed by the direction to be in the interest of your child and the program
Yes No

Please comment: _____

5. **Outline the subjects, hobbies, sports, etc., in which your child is interested.**

6. **Swimming Ability:** (Circle) Beginner Weak Intermediate Good Very Good

7. **Skiing Ability:** (Circle) Beginner Weak Intermediate Good Very Good

8. **English Ability:** (new English-as-a-Second-Language students only)

Has your child studied English before? Yes No

If "yes" give details _____

Please rate your child's knowledge of English by circling the appropriate word:

Oral Ability: Beginner Weak Intermediate Good Very Good

Written Ability: Beginner Weak Intermediate Good Very Good

9. **French Ability:** (new students only):

Has your child studied French before? Yes No

If "yes" give details _____

Please rate your child's knowledge of French by circling the appropriate word:

Oral Ability: Beginner Weak Intermediate Good Very Good

Written Ability: Beginner Weak Intermediate Good Very Good

Date _____ **Signature** _____