



## Lovell International Academy Winter Term 2026 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:**

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Telephone \_\_\_\_\_

Cell Phone 1. \_\_\_\_\_

Cell Phone 2. \_\_\_\_\_

E-mail \_\_\_\_\_

**Second Address:**

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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:**

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

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### 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.

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P.T.O.

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 \_\_\_\_\_