

APPLICATION FORM – Junior Summer Day Camp

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Name of agency (if applicable):

Student information

Family name : Male Female

First name :

Address :

City : Postcode : Country :

Email : Telephone (with country code) :

Nationality :

Date of birth : Age :

Contact Information (Parents/Guardian information for under 18s) Please enter phone numbers with the country codes

Name : Mother/Father 's name :

Home number : Occupation :

Mobile number : Home number :

Email : Mobile number:

Email : Email :

Your course

Please book me on the following course :

Jnr. Summer Day Camp	1 week	from	to
	2 weeks	from	to
	3 weeks	from	to
	4 weeks	from	to
	5 weeks	from	to
	6 weeks	from	to

Choose your type of programme :

French for children of other nationalities

English for Anglophone children

My level is : Complete beginner (A1.1 – A1.2) Elementary (A1.3 - A2.2)
 Low Intermediate (A2.3 – B1.2) High Intermediate (B1.3 – B2.3)
 Advanced (C1.1 – C2.3)

Payment

I have enclosed a cheque for €..... Please find my credit card details below :

I have sent a bank transfer as a deposit for €..... Name of cardholder :

Our bank details

IBAN: FR76 1810 6000 4696 7362 5666 260

CODE BIC/SWIFT: AGRIFRPP881

Account Name: Alpine French School

Type of card :

Card number :

Expiry date :

Cryptogram :

(last 3 digits on back of the card)

Amount to pay :

Please send us proof of payment by email. Bank charges to be paid by the student.

Declaration

I wish to enrol at Alpine French School and I enclose this application form with payment (or proof of payment) for the sum of €..... I will pay the remaining balance 4 weeks prior to the start of the course. I accept the general conditions regarding cancellation and refund of courses.

I have read and agree with the Student Terms and Conditions.

Date :

Name : Signature :

STUDENT MEDICAL FORM

Name of student : First name :

Date of arrival : Number of weeks :

Course : Age :

Height (in cm): Weight (in kg) :

Emergency contact name : Emergency contact no :

It is vital for the welfare of the student that Alpine French School has an emergency contact number

MEDICAL REQUIREMENTS

Does the student suffer from any of the following (please give further details when appropriate)

Condition	Yes	No	Details and actions to take
Asthma			
Anorexia / Bulimia			
Epilepsy			
Physical disability			
Behavioural difficulties			
Allergies			
Other conditions			

Additional info :
.....

DIETARY REQUIREMENTS

Does the student suffer from any of the following (please give further details when appropriate)

Condition	Yes	No	Details and actions to take
Diabetes			
Vegetarian			
Vegan			
Coeliac – gluten-free			
Nut allergy			
Dairy allergy			
Religious dietary requirements			
Other			

Additional info :
.....

In the unlikely event my child requires medical attention, I allow Alpine French School to : Administer First Aid and minor medication (paracetamol, bandages) Take my child to the appropriate services (doctors, hospital..) should minor attention be insufficient, Sign medical consent forms on my behalf when appropriate

Name : Date : Signature :

SCHOOL RULES

To be enrolled on the Alpine French School Teenage Summer Program, the student agrees to the following rules.

- Mobile phones will be handed to the staff every morning and given back in the evening.
- The student must respect all parties, such as staff, the administration team, other students and local people. Failure to do so could result in disciplinary action and in extreme cases could cause the student to be expelled.
- The student must respect the premises. Failure to do so could result in disciplinary action and in extreme cases could cause the student to be expelled.
- Alpine French School operates a zero tolerance policy for under-age drinking and smoking or illegal drug use. This will result in disciplinary action and could cause the student to be expelled.
- The student is to attend classes, activities, meals, excursions and meetings on time
- The student is to comply with all safety instructions.

Parental permission (Please sign and scan this direct to us or via your agent)

Name of the student :

Course :

Starting date : No weeks :

Name of parent/ guardian :

Contact tel no :

Email :

I have read the notes and information on the course as well as the conditions relating to students under 18 (above) and I authorise my son / daughter to participate to the course under these conditions. I have provided full information about any special medical and dietary needs and agree I will take responsibility for any misconduct that may occur during the course.

I authorise Alpine French School to take and use photographs and/or digital images of my children for use in news releases and/or promotional materials such as our small brochures and photos on our website. Names and other personal information will never be diffused and images will never be released to any person or company outside of Alpine French School.

Name & signature Parent / Guardian

Name & signature student