

Summer Program Application



Switzerland, Spain, China



Application form

1. About the applicant

<input type="checkbox"/> Male	<input type="checkbox"/> Female	Address	
Family name			
First name	City	State	
Nationality	Postal code	Country	
Date of birth (DD/MM/YYYY)	Home phone		
Email	Mobile phone		
Alternate email			

2. Education

Name of high school/college/university		
Country	Highest qualification	
City	Completion date (MM/YYYY)	
Type of school		
<input type="checkbox"/> Private	<input type="checkbox"/> Public/state	<input type="checkbox"/> International

3. Mother tongue and English level

Mother tongue

To apply for a Les Roches summer program, applicants are required to demonstrate proficiency in the English language (knowledge of English), and you may do so by meeting any of the criteria listed below:

English is my mother tongue

For the last two years, I have been studying in a school where English is the primary language of instruction

I have a recommendation letter from my high school counselor or Les Roches representative

I can provide an official test score and supporting documentation

IELTS score	TOEFL score
Cambridge First Certificate Score	Cambridge Advanced Score
Name of Provider and Score	

*If you have any questions, please contact your Education Counselor.

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5. Courses and fees

Les Roches Summer Program -18

1 week in Switzerland
12-19 July 2020 (CHF 2,790)

1 week in Spain
19-26 July 2020 (EUR 1,990)

1 week in China
3-11 July 2020 (CNY 13,065, equivalent to USD 1,950)

2 weeks in Switzerland
12-26 July 2020 (CHF 5,530)

2 weeks in Spain
12-26 July 2020 (EUR 3,210)

Global experience
1 week in Spain, 1 week in Switzerland
12-26 July 2020 (EUR 5,050)

Les Roches Summer Program +18

1 week in Switzerland
28 June - 5 July 2020 (CHF 2,790)

1 week in Spain
28 June - 5 July 2020 (EUR 1,990)

2 weeks in Switzerland
28 June - 12 July 2020 (CHF 5,530)

2 weeks in Spain
28 June - 12 July 2020 (EUR 3,210)

Global experience
1 week in Switzerland, 1 week in Spain
28 June - 12 July 2020 (CHF 5,450)

6. How did you first hear about us?

Education Counselor

Advertising/Article

Your school counselor

Industry professional

Education Fair (please give the name and the country)

Other, please specify

Student/Alumnus

Internet-Website

Social media

Recommended by a friend who has applied/enrolled
in the Summer Program course

7. Medical needs and learning differences

If you have a learning difference or medical condition which means that you may require additional help during your studies and stay on campus, it is important to provide the following information which will be kept confidential and should not affect your academic eligibility to the School.

Does any of the following apply to you?

Learning Differences
(e.g. dyslexia, dyscalculia, ADD, etc.)

Mobility/Hearing/Vision
Given the nature of studies (practical, academic) and the residential campus setting at Les Roches, please be aware that this could be an area where challenges may occur.

Medical needs and any other condition
you would like to share with us:

Would you like to receive information on medical/learning support services, equipment or facilities available that may assist you?

Yes

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8. About the parent/legal guardian/emergency contact

	Mr.	Ms.		
			Address (if different from the applicant's address)	
Family name				
First name			City	State
Languages spoken			Postal code	Country
			Home phone	
			Mobile phone	
Alternate email			Email	

9. Method of payment

The invoice which details the method of payment will be included alongside your acceptance letter.

Application Statement

I understand that the information required is necessary to fulfil the purpose of the document. I hereby declare that all information and attachments given in this application are exact and complete. I understand that any statement which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the School retain the right to retract any offer made or expel me with no refund of fees.

I agree to abide by the totality of the School regulations, policies and procedures governing admission, enrolment and my studies at Les Roches, as they may be revised from time to time, including but not limited to the School Terms & Conditions and other regulations, policies and procedures related to academic life, student life and residency or finance. In particular, I understand that the fees and other financial conditions are modified once a year and I accept their revision.

I hereby declare to abide by the laws of the location of the campus where I intend to study / will be studying in case of a dispute related to the interpretation or to the execution of my legal obligations towards the School and accept the exclusive competence of the Courts of such location.

I have read and understood the above conditions and accept them in full.

Data Protection Statement

In accordance with data privacy regulations, we inform you that personal data provided on this form by you will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to ensure you are fit to start and continue learning at Les Roches or to make sure we can adjust our teaching methods or attend any special need during your stay.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates as well as to local authorities for visa issuance purpose.

Any financial information or any information related to your studies that has a financial impact may also be shared with your parent and/or sponsor who have a legitimate interest to be informed. Further information on how we use your personal data may be found at lesroches.edu/legal-information. Please read our Privacy Notice carefully before completing this form. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

Date (DD/MM/YYYY)

Signature of applicant

Signature of the parent/legal guardian (if applicant is under 18 years old)

Please upload to the Online Application webpage (only Les Roches Switzerland and Les Roches Spain), or email directly to the campus where you will start your Experience: For Les Roches Switzerland: info@lesroches.edu ; For Les Roches Spain: info@lesroches.es; For Les Roches China : info@lrjj.cn. Alternatively you can send it to your Les Roches Educational Counselor.

Parental consent and declaration

Applicants who are below the age of 18 at the start date of the program must have their parent/legal guardian complete the form below.

To be filled in by your parent/legal guardian

I, the undersigned: Parent Legal guardian

Family name	City	State
First name	Postal code	Country
Address	Home phone	
	Mobile phone	
	Email	

I hereby declare that I have legal custody of the child:

Applicant's family name	Address
Applicant first name	
Date of birth (DD/MM/YYYY)	City State
	Postal code Country

and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the minor mentioned above.

This general consent expressly also includes independent participation in voluntary activities and events organised by the school, including but not limited to general sports activities and/or events organised by the student body.

Medical consent

The nurses and medical staff of Les Roches have my permission to evaluate and treat the minor child in the event of a medical emergency.

Emergencies consent (Les Roches Marbella only)

In the event of an emergency, the parents/legal guardian authorize Les Roches Marbella staff to receive information from doctors/authorities in case of absence.

With this general consent I also agree to all communications and notifications from the school becoming effective by being addressed directly to the minor child listed above.

This consent will remain in effect until the minor child's 18th birthday.

Date (DD/MM/YYYY)

Signature of parent/legal guardian

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Photo/video

Photo/video may be taken during your stay at Les Roches. Where you are not the subject of the image, i.e. if it is a “group” or “crowd” photograph, we may use such images without requiring your consent, however, where you are the subject of the photo/video, we need your explicit consent to use the image.

By checking this box, I acknowledge that, although I am not required to accept the use of my name, photograph, image, voice or other likeness for publication and distribution purpose, I hereby give my consent to Les Roches to do so, whether in printed, electronic or digital media including, but not limited to, course materials and brochures, video and audio broadcast programs, and website, social media and online communications. I also consent to the use of statements, comments, or opinions I might make, whether oral or written, referring or relating to Les Roches and its affiliates, business, or programs. I hereby grant to Les Roches and its affiliates, all right, title, and interest that I may acquire in such photographs and/or videos, including if applicable the right to copyright them and to use, reuse, publish and republish them, in whole or in part as they deem appropriate without restriction as to manner, frequency or duration of usage. Any materials produced hereunder will be and remain the sole and exclusive property of Les Roches and I hereby waive any right to review such materials prior to their use. The consent given herein is given on the express understanding and condition that no reward or compensation is or shall be due to me. I further understand that I may revoke this authorization in writing at any time, except for information which have already been released or published with consent and prior to my revocation. I hereby release and discharge Les Roches and its affiliates from any and all claims and demands arising out of or in connection with the use of the photographs and/or videos in accordance with this consent, including without limitation any and all claims for libel or invasion of privacy.

If underage, consent of parent or legal guardian is required:

I hereby certify that I am the parent or guardian of the minor named above, and I approve the foregoing on behalf of the minor.

I do not give my consent for the use of my name, photograph, image, voice or other likeness.

Date (DD/MM/YYYY)

Signature of applicant

Signature of the parent/legal guardian (if applicant is under 18 years old)

Name of applicant

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lesroches.edu/programs/summer lesroches.edu/programs/summer18



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