



Institut auf dem Rosenberg St. Gallen 2009

Application Form for Summer Language Course/TOEFL-week in St.Gallen

Please fill in the form in block letters!

Surname: _____ First name: _____

Boy Girl Date of birth: _____ Nationality: _____

Religion: _____ Native language: _____

Date of entry (Mondays): _____ Date of departure (Saturdays): _____

Date of entry for TOEFL-week (Sunday): _____

Selected language (one main language course must be chosen):

The main language course meets for 3–5 lessons daily

German English French
Level: Beginner Intermediate Advanced

TOEFL-week:

Optional additional private lessons available in the following subjects (can also be finalized on arrival):

German: ____ /week English: ____ /week French: ____ /week Additional subjects on request

Choice of sports:

Tennis Tennis lesson(s): ____ /week Water-skiing
 Horseback riding: ____ /week Golf: ____ /week

Compulsory accident insurance:

My child requires an accident insurance for the duration of the summer course
 Copy of valid accident insurance policy attached

Laundry: ____ /week

Airport transfers: Yes (flight details can be given later)

How did you learn about our school?

Agency Friends Internet Advertisement I've been a summer school student before

Surname and first name of parent(s): _____

Profession: _____ Street: _____

Zip Code, City: _____ Country: _____

Telephone: _____ Fax: _____ E-mail: _____

The weekly course fee is CHF 2100.–. Reservations are made in the order in which applications are received. A deposit of CHF 1000.– must accompany this application. It will be credited to the final account.

On the basis of the prospectus, the General Terms of Contract and Travelling (GTCT) and the house rules of the Institut auf dem Rosenberg, all of which are integral parts of the contract, the undersigned hereby enrolls the above mentioned student for the summer course/TOEFL-week in St. Gallen. The contract is subject to Swiss law. Court of jurisdiction is St. Gallen. The attendance of classes is compulsory. Fees are to be paid 30 days before the beginning of a course.

Signature of the parental authority: _____

Please turn over.

State of Health

Surname: _____ First name: _____

Date of birth: _____

Swimmer Non-swimmer

Fitness for sports: yes
 no: _____

Allergies: _____

Long-term prescribed medication: _____

Tetanus vaccination: yes Date: _____ no

Other important information about student's health: _____

Place and date: _____

Signature of parental authority: _____

Please enclose 2 passport photographs.

Bank details:

Payments in Swiss Francs (CHF). Other currencies will be converted according to the exchange rate of the day.

Please specify the student's surname and first name.

Beneficiary: Institut auf dem Rosenberg, Höhenweg 60, 9000 St.Gallen/Switzerland, Bank: UBS, 9001 St.Gallen/Switzerland, IBAN: CH94 0025 4254 L002 8228 1; Swift: UBSWCHZH80A; Clearing number: 0254