

Summer School Enrollment Form
2 weeks: 22 July 2019 – 2 August 2019
3 weeks: 22 July 2019 – 9 August 2019

Please complete this form and email it to summer@sisalugano.ch

STUDENT INFORMATION

Student's name: (surname) _____ (name) _____ Gender: ☐ Male ☐ Female

Date of birth: (year) _____ (month) _____ (day) _____ Nationality: _____

Mother tongue: _____ Other languages spoken: _____

Current school: _____ Grade: _____

CONTACT INFORMATION

Father's name: _____ Mother's name: _____

(or Guardian's name, if applicable) _____

Contact address: _____

Home / Work Phone: _____ Mobile: _____

Email: _____

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GENERAL INFORMATION

Check if appropriate: ☐ Father deceased ☐ Mother deceased ☐ Parents separated ☐ Parents divorced

Any other information about the student you would like us to know:

How did you hear about SISA Lugano? _____

SUMMER SCHOOL PROGRAM

LANGUAGES (Please choose 1 language option other than English)

English and: ☐ Italian ☐ French ☐ German ☐ Russian

ART & DESIGN (Please choose 2 from the followings)

☐ Music (vocal training) ☐ Painting & art appreciation ☐ Theatre training
☐ Music (piano, level _____) ☐ Baking & cake design ☐ Fashion & jewellery design

PHYSICAL & OUTDOOR ACTIVITIES (Please choose 2 from the followings)

☐ Horse riding ☐ Swimming ☐ Dancing (Modern & Jazz) ☐ Dancing (Ballet)
☐ Tennis ☐ Yoga ☐ Sailing ☐ Fishing

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PAYMENT & ACCEPTANCE TERMS

Fees for both Boarding Student and Day Student do not cover personal spending money, medical expenses, travel expenses, travel insurance and health insurance. Student is responsible for his/her travel expense from his/her country to Lugano, Switzerland. Student is also responsible for his/her travel and health insurance.

Acceptance will be confirmed only upon receipt of the CHF1000 deposit, completed enrollment form, health history form and a photocopy of the student's passport. Enrollment by the School constitutes a contract to pay the entire tuition for the enrolled period. This contract is binding only with the expressed acceptance of the School. The application constitutes a binding offer by law. There is no reduction or refund for absence, withdrawal, or dismissal. Deposits are not refundable. Balance of the tuition fee is due by 10 June, 2019.

Photos of students taken during the programs may be used for SISA Lugano promotional purposes including the websites and social media. Both the student and parents/guardians have read the terms and conditions stated on this form and in the website, they agree to be legally bound by them.

I understand that SISA Lugano reserves the right to dismiss at any time a student who has proven to be an unsatisfactory member of the school. In this case, the School retains the entire tuition. Parents/ guardians certify that the applicant is physically able to participate in all program activities.

I have read and agree to the Payment and Acceptance terms.

Parent / Guardian's signature

Date

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PAYMENT OPTIONS

- ☐ 2 Weeks Boarding Student – CHF4500 (CHF1000 deposit and CHF3500 due by 10 June 2019)
☐ 2 Weeks Day Student – CHF2400 (CHF1000 deposit and CHF1400 due by 10 June 2019)
☐ 3 Weeks Boarding Student – CHF6500 (CHF1000 deposit and CHF5500 due by 10 June 2019)
☐ 3 Weeks Day Student – CHF3500 (CHF1000 deposit and CHF2500 due by 10 June 2019)

Are you enrolling together with a friend?

If yes, please write your friend's name (the student) below and submit the form on the same day by email before 30 April 2019.

Each of you can enjoy a 5% off discount. Discount will apply in the due amount.

Your friend's name (the student's name): _____

Choose your deposit (CHF1000) payment method:

☐ Bank Transfer – Payment can be made by direct bank transfer to the bank details below:

Beneficiary: Swiss Italian School of Art

Beneficiary address: Via Al Chioso 3, Lugano 6900, Switzerland

Bank name: Banca Dello Stato del Cantone Ticino

Bank address: Via Pioda 7, Lugano 6900, Switzerland

IBAN: CH78 0076 4165 1382 7200 2

Swift code: BSCTCH22

☐ Credit Card – ☐ VISA ☐ MASTER

Card Number: _____

Expiry Date ____/____ CVC No.: _____

Cardholder's Name: _____

Amount in CHF: 1000.00

Signature: _____

Date: _____