

## **Application Form**

PERSONAL DE	TAILS of student:										
Last name:	ast name:		<b>:</b>		Gender:		Age:				
Date of birth (DD/MM/YY):		Country of birth:			Mother tongue	:	Nationality:				
Address:											
Zip Code / City: Cou			Country:		Passport number:						
Mobile phone (student):					E-mail:						
Current School a	ttended (if applicable):										
PERSONAL DE	TAILS of student's emerge	ncy contact p	erson (parent/ç	guardian/other):							
Last name:				First name:							
Address:											
Zip Code / City:	e / City: Country:			Passport number:							
Phone (landline):			Mobile phone:								
Emergency numl	ber:		E-mail:								
COURSES											
Start of studies		End of studi	as (DD/MM/V	V)·	Number o	of weeks					
School location:	Montreux, Switzerland	End of studies (DD/MM/Y)  Lyon, France		Nice, France	Berlin, Germa		burg, Germany				
	Online Lessons	Please specify which language			German						
Course type:	GENERAL 20		ENSIVE 25	INTENSIVE 25							
	PRIVATE LESSONS	Number of l	essons / week								
	COMBI 5 25 lpw			COMBI 10 30 lpw							
	AM GUARANTEE	NO	YES	20CHF/EUR (per week - from the 13th week free)							
	EXAM PREP 30 lpw			Goethe-Zertifikat	C1* *Berlin on	1* *Berlin only					
		TELC B1		TELC B2	TELC	C1	TESTDAF B2*				
		DELF B1		DELF B2	DALF	C1	TESTDAF C1*				
	UNIVERSITY PATHWAY PROGRAMME										
	Application Process Package University			/ Placement Package	U20 +	U20 +EXAM PREP U25 +EXAM P					
	Alpadia Berlin			Alpadia Freiburg							
	CAREER PATHWAY PROGRAMME (Berlin and Freiburg only)										
	Application Process Package Job Search Package			age		C20	C25				
	Alpadia Berlin			Alpadia Freiburg							
	INTERNSHIP / WORK / VOLUNTEERING Please select corresponding GENERAL 20 or SEMI INTENSIVE 25 or INTENSIVE 25 or PRIVATE or COMBI 5/10 courses. Preferred sector / industry (not guaranteed)										
Language	Beginner Elementary Upper Elementary Intermediate Upper Intermediate Advanced										

level:



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ACCOMMODATION	I REQUESTS, MEDIC	CAL CONDITIONS AN	ID ALLERGIES Comple	ete only if applicable		
Arrival date:			Departure date:		Number of weeks:	
Homestay		Single room	Twin room	Breakfast	Half board (breakfast & dinner)	
Chudant an anton		Name:				
Student apartment		Single room	Twin room			
Homestay no meals		Single room				
Residence (en-suite)		Name:				
		Single room	Twin room			
Studio Montreux only		Single room	Twin room, only ava	ailable for 2 participants	booking together – fee per participant	
Hotel-Residence** Lyon only		Single room	Hotel-Residence*	* Lyon only	Single room	
Do you require a sp (please specify on a		allergies, medical co	nditions, regular medic	ine or treatments?	NO YES	
We will try our best	to take your requests		out it cannot be guarant	ease specify on a sep eed.	arate sheet)	
Requests sent AFTE	ER the enrolment pro	cess won't be taken i	nto account.			
TRANSFERS Con	nplete only if applicabl	е	RETURN	ON ARRIVAL	ON DEPARTURE	
Airport transfer	Geneva GVA	Lyon LYS I	Nice NCE Berlin	Brandenburg BER		
	Zurich ZRH		Frankfurt FRA	EuroAirpor	Airport Bâle/Mulhouse EAP/BSL/MUL	
Train transfer	Geneva Zurich Lyon Nice Freiburg Berlin: please specify which train station					
Arrival date (DD/MN	И/YY):	Time:	Flight/Train numb	per:	Arriving from:	
Departure date (DD	/MM/YY):	Time:	Flight/Train numb	per: [	Departing to:	
INSURANCE Com	npulsory					
Do you require healt	h / accident insuranc	e cover valid in the co	untry of destination?			
NO, I have valid in	nsurance cover. You	will need to provide a	copy of your insurance	policy at a later stage	e.	
YES, I wish to tak	e out an insurance p	olicy. Please send me	the appropriate docum	entation. Price from €	E / CHF 15 per week.	
		-				
BOOK WITH CON	IFIDENCE					
Would you like to ad	d Book with Confide	ence Guarantee?	NO YES			
MISCELLANEOUS	S Please read careful	ly				
		representative or oth	er)2 Please specify:			
	ken part in a language		YES, organisation an	d location:		
An application fee is	s added to all course				ne programmes in France and Germany	
			weeks before the cour			
	adia's terms and con		and date:	,	Your local representative:	
Signature of the stu	dent:					
Signature of the par	ent or guardian (for s	students under 18):				