



# Application Form

Please fill in all sections (Type/Print in capital letters)

## Applicant



Please attach a recent photo here

<b>Name</b>	..... <i>First Name</i> <i>Middle Name(s)</i> <i>Last Name</i>
<b>Gender</b>	<input type="checkbox"/> M <input type="checkbox"/> F
<b>Place and Date of Birth</b>	...../...../..... <i>Place</i> <i>Day/Month/Year</i> <i>Age</i>
<b>Nationality/ Languages</b>	..... <i>Nationality</i> <i>Language(s) spoken at home</i> <i>Other languages</i> ...../..... <i>In case of dual citizenship, please specify</i>
<b>Home Address</b>	..... <i>Street/City/Province/Postcode/Country</i>
<b>Phone/Email/ Skype (Please include international and area access code)</b>	..... <i>Home Telephone Number</i> <i>Mobile Telephone Number</i> .....@..... <i>Email Address</i> ..... <i>Skype ID</i>
<b>Applicant lives with</b>	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (please specify): .....


## Application Request

	Academic Year
	<input type="checkbox"/> Boarding Student <input type="checkbox"/> Day Student <i>(Please specify accommodation:)</i>
	<input type="checkbox"/> Middle school ( ..... <sup>th</sup> Grade) <input type="checkbox"/> High school ( ..... <sup>th</sup> Grade)
	<input type="checkbox"/> Post-Graduate Year
	<input type="checkbox"/> Other boarding school <i>(Please specify)</i> .....
	I am interested in studying in a school located in the <input type="checkbox"/> German-speaking region <input type="checkbox"/> French-speaking region <input type="checkbox"/> Italian-speaking region <input type="checkbox"/> I have no preference

## Applicant's Family

<b>Father</b>	<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>First Name</i></span> <span><i>Middle Name(s)</i></span> <span><i>Last Name</i></span> </div>
<b>Contact Information (Home)</b>	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Address (Street/City/Province/Postcode/Country)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Home Telephone Number (Please include international and area code)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Mobile Telephone Number (Please include international and area code)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Home Fax Number (Please include international and area code)</i> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>..... @ ..... <i>Home Email</i></span> <span>..... <i>Skype ID</i></span> </div>
<b>Contact Information (Work)</b>	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Profession</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Name of the company</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Position</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Company Address (Street/City/Province/Postcode/Country)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Office Telephone Number (Please include international and area code)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Office Mobile Telephone Number (Please include international and area code)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Office Fax Number (Please include international and area code)</i> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>..... @ ..... <i>Office Email</i></span> <span>..... <i>Skype ID</i></span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>WWW. .... <i>Company Website</i></span> </div>
<b>Mother</b>	<div style="display: flex; justify-content: space-between;"> <span>.....</span> <span>.....</span> <span>.....</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><i>First Name</i></span> <span><i>Middle Name(s)</i></span> <span><i>Last Name</i></span> </div>
<b>Contact Information (Home)</b>	<div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Address (Street/City/Province/Postcode/Country)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Home Telephone Number (Please include international and area code)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Mobile Telephone Number (Please include international and area code)</i> </div> <div style="border-bottom: 1px dashed black; padding-bottom: 5px;"> <i>Home Fax Number (Please include international and area code)</i> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>..... @ ..... <i>Home Email</i></span> <span>..... <i>Skype ID</i></span> </div>

Please tick box if same as Father's information

<b>Contact Information (Work)</b>	<p>.....  <i>Profession</i></p> <p>.....  <i>Name of the company</i></p> <p>.....  <i>Position</i></p> <p>.....  <i>Company Address (Street/City/Province/Postcode/Country)</i></p> <p>.....  <i>Office Telephone Number (Please include international and area code)</i></p> <p>.....  <i>Office Mobile Telephone Number (Please include international and area code)</i></p> <p>.....  <i>Office Fax Number (Please include international and area code)</i></p> <p>.....@.....  <i>Office Email</i></p> <p>www. ....  <i>Company Website</i> <span style="float: right;">.....  <i>Skype ID</i></span></p>
	<p><b>Correspondence should be sent to</b></p> <p><input type="checkbox"/> Applicant's Address   <input type="checkbox"/> Father's Address   <input type="checkbox"/> Mother's Address  <input type="checkbox"/> Other:</p> <p>.....  <i>First Name</i>                      <i>Middle Name(s)</i>                      <i>Last Name</i></p> <p>.....  <i>Address (Street/City/Province/Postcode/Country)</i></p> <p>.....  <i>Home Telephone Number (Please include international and area code)</i></p> <p>.....  <i>Mobile Telephone Number (Please include international and area code)</i></p>
<p><b>Emergency Contact</b></p> <p>Father</p> <p>Mother</p> <p>Other  </p>	<p>.....  <i>First Name</i>                      <i>Middle Name(s)</i>                      <i>Last Name</i></p> <p>.....  <i>Relation to applicant</i></p> <p>.....  <i>Address (Street/City/Province/Postcode/Country)</i></p> <p>.....  <i>Home Telephone Number (Please include international and area code)</i></p> <p>.....  <i>Mobile Telephone Number (Please include international and area code)</i></p> <p>.....  <i>Work Telephone Number (Please include international and area code)</i></p> <p>.....@.....  <i>Home Email</i></p>

## Applicant's Statement

*I hereby certify that the information given by me in this application is true and correct to the best of my knowledge. I understand and agree that all information provided in this application and the application process will be fully verified by SCIE. I further understand and agree that any false information, misrepresentation, or omission of facts in this application and the application process will result in the immediate termination of the application process.*

*This application shall remain active for a period of sixty (60) days. Any applicant wishing to be considered for an application to SCIE beyond this period must submit a new application form.*

*I understand that all correspondence to and from SCIE is in English. It is my responsibility to review and understand these materials clearly, and/or to arrange for my own translation when necessary.*

*SCIE reserves the right to dismiss at any time a student whose results have proven to be unsatisfactory.*

*I understand and agree that the application fee of CHF 500 must be enclosed with this application and is non-refundable.*

*This agreement is governed by Swiss law and the competent Court is in Lugano (Switzerland).*

.....  
*Father's signature*

.....  
*Place*

.....  
*Mother's signature*

.....  
*Date*

.....  
*Applicant's signature*

***Please mail this form to:***

**SCIE, Swiss Center for International Education, Viale Verbano 3a, 6600 Muralto-Locarno, Switzerland**

(+41 91 743 10 03 / scie.adm@bluewin.ch)

**To be completed by SCIE**

.....  
*Place and date*

**Alberto Giuffrida**  
**Director**

**Ivan Iannotta**  
**Director**