

Registration Form SSTH Talent Academy

If you are under 18 years of age we require a signature from your parents / legal guardian in addition to your own signature.

Please print your application and send it via e-mail to talent@ssth.ch .

Applicant details:

Male Female

Family Name: _____

First Name: _____

Date of Birth: _____ Day: _____ Month: _____ Year: _____

Nationality: _____

E-Mail Address: _____

Home Phone: _____

Mobile Phone: _____

Postal Address Applicant:

Street: _____

City: _____ Postal Code: _____

State: _____ Country: _____

Education:

Name of High School/College/University: _____

Name of school counselor: _____

City: _____ Country: _____

Date of Graduation: _____

Type of School: _____ Private Public International

English Level:

Is English your native language? Yes No

Do you attended a school in which English is the main language of instruction? Yes No

English Level: _____

Financial Sponsor Information:

Mr. Mrs. Ms.

Family Name: _____ First Name: _____

Nationality: _____

Postal Address Financial Sponsor:

Street: _____

City: _____ Postal Code: _____

State: _____ Country: _____

Phone Number: _____ E-Mail Address: _____

Medical History:

Please indicate below of any allergies, medical conditions, or dietary requirements you have that we should be aware of.

Do you have any medical conditions? Yes No

If yes, please specify: _____

Do you have any allergies? Yes No

If yes, please specify: _____

Do you have any special dietary needs? Yes No

If yes, please specify: _____

Do you take medication?

If yes, please specify: _____

How Did you Hear About Us?

SSTH Representative* School Counselor* Student /Alumni*

Internet/Social Media

*If yes, please give name and country: _____

Were you recommended by a friend who is also attending? _____

After the SSTH Talent Academy I am interested in receiving further information about SSTH and its programs for

Spring 2018 Fall 2018 Spring 2019 Fall 2019

Tell Us What Interests You About Hospitality?

Statement:

I hereby confirm that the information provided in this form is correct and complete. I confirm having read and understood this document as well as all other relating documents and agree to abide by them.

I hereby declare to abide by the Swiss law in case of a dispute related to the interpretation or to the execution of my legal obligation towards SSTH and accept the exclusive competence of the Grisons court.

Documents to Include:

To complete the application process, please include the following documents:

- A copy of your passport
- A copy of your health, travel, and personal liability insurance policy

Date and Signature:

Date

Parent/Legal Guardian's Signature

Student's Signature