



PRE-BOOKING FORM

SUMMER COURSES 2.....

Saint-Denis International School
19, avenue du Général de Gaulle - BP 146
37601 Loches Cedex

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Photo

This form should be completed in capital letters and returned to international@saint-denis.net

Current grade: _____ Level of French : Beginner-Elementary-Intermediate-Advanced

Current school : _____

Program length : () 1 week () 2 weeks () 3 weeks () 4 weeks

Program start: from/...../20..... to/...../20.....

Accommodation Type: () Residence () Host-Family

I- STUDENT DETAILS

Family Name: _____ First Name: _____ Sex: () F () M

Birth Date: ____/____/____ Age upon arrival: _____

City of Birth: _____ Country of Birth: _____

Nationality: _____ Passport N°: _____ Expiry Date: _____

Student's Email: _____

Home address: _____

City: _____ Postal Code: _____

Country: _____ Home Telephone N°: _____

Country of Legal Residence: _____

II- PARENT/GUARDIAN DETAILS

Family Name: _____ First Name: _____

Parents' Email: _____ Cell Phone: _____

Legal guardian's signature:

Student's signature:

FRENCH AS A FOREIGN LANGUAGE PROGRAMME (FFL)

SUMMER CAMP

FEES FOR ONE WEEK :

Registration Fees	30 €		
Summer Camp	750 €	Residential Accommodation	
Summer Camp	890 €	HF Accommodation	

Enrollment	Total	Price	Total
Number of Weeks Residence		750,00 €	
Number of Weeks Host-Family		890,00 €	
TOTAL FEES			

FEES PAID BY BANK TRANSFER TO THE FOLLOWING ACCOUNT:

Please indicate on bank transfers the student's name and invoice number.

*This will be a great deal of help ! and add **40 EUROS** for bank charges (For Non EU countries)*

Pre-registration fee : 500 euros (non-refundable).

Account holder : OGEC St DENIS
 Bank : CREDIT MUTUEL-CFCM Entreprises
 105 Rue Fbg Madeleine - 45920 Orléans cedex 9
 Bank Code 10278. Code Guichet 37100
 Account number : 000 10005402 * Clé RIB 13
 SWIFT Code (BIC) : CMCIFR2A
 IBAN: FR76 1027 8371 0000 0100 0540 213

Enrolment conditions

Admission

The School is open all year round. Students wishing to stay in France for more than three months have to request a long-term visa from the French Consulate in their own country.

Enrolment

The student must return this enrolment form to the school along with a non-refundable 500 euros as a pre-registration fee, which will be deducted from the total fees. On receipt of your enrolment form, the school will send you back the accommodation details and an invoice.

The balance of the course fee must be paid up to the date in EUROS on the day of registration.

In case of registration of two children : 5% off granted on the lowest price (based on normal boarding fees, without options)

Insurance

An insurance is compulsory. It is not included in the various programmes. A copy of your insurance shall be sent to us. We can arrange this for you, if necessary, and will make it available to you at very reasonable rates. Please contact us.

Cancellation

If a cancellation occurs within a maximum of 30 days before the course starts, either the school will reimburse 80% of the paid fees (minus the 500 euros pre-registration fee) as cancellation fees, or it may be put towards any other course offered by the School for a period of up to one year (12 months).

If the student has to leave before the end of the course, the school will reimburse 30% of the remaining days already paid as a cancellation fee (minus the 500 euros pre-registration fee) in the following circumstances :

Withdrawal of the Student for a legitimate cause or case of force majeure:

- Death of the student
- Disease or serious injury

It means any health alteration or body injury witnessed by a doctor who justifies the student's incapability to attend classes during a minimum period of 2 following weeks.

Any psychiatric, mental disease or depressive state witnessed by a doctor who justifies incapability to attend classes during a minimum period of 2 following weeks.

- Cases of force majeure

When such an event occurs or knowledge of occurrence of such event, the Party representing the Student shall inform the School administrative services by written without delay and communicate any supporting document that proves his incapability to pursue the execution of the enrolment.

It is agreed that if School disagrees, the latter might designate a legal expert along with a summary judgment in order to control the reality of the incapability.

Withdrawal of the Student's personal reasons others than those aforementioned : total amount of tuition fees with options shall be paid.

Student's expulsion for disciplinary reason in the case of : total amount of tuition fees with options shall be paid.

Breach of obligations set out in the present enrolment form,
Student's behavior is a cause of School dysfunctioning,
Voluntary non-attendance for personal convenience that is repeated and not justified,
Tobacco consumption outside the agreed framework as set out in the Internal Rules,
Possession, selling or consumption of drug/narcotic.

Done in..... on
Signature preceded by the written mention « read and approved »

Signature :

Medical Release Form:

We grant the School where the participant is assigned, its employees or agents, and the host family that, at their discretion, and, if necessary, at the cost of the participant or his/her natural parents-in the case of expenses exceeding the coverage of the insurance policy- the power to place him/her in a hospital or in any other institution for any type of assistance or medical treatment or, if there is no hospital available, to place him/her under the care of a local medical doctor for his/her treatment.

We also grant the partner organisation, the participant's school or the host family all necessary permissions to act as legal guardians and "in loco parentis" in any situation, especially in emergencies, whatever medical or other, including the possibility of surgical operations or any other treatment.

We also authorize the partner organisation, the school and the host family to return him/her to the home country at his/her cost, if necessary, to submit to medical treatment, if this is deemed necessary by the above-mentioned people, after consultation with medical authorities. We confirm that at the time of signing this document our child enjoys perfect health and that his/her health record enclosed is true and complete. We also grant the partner organisation, its employees or agents, the school and the host family permission to act on our behalf in anything pertaining to possible representation before local authorities. This authorization shall be valid for the entire duration of the program in which the student is participating.

We also agree on our child to participate in swimming and canoeing activities () Yes () No

Allergy Statement:

Does the student have any allergies? () Yes () No

If "YES", please describe :

Parent's Signatures

Date