

LES TAPIES

ARDÈCHE SOUTH OF FRANCE
ARTS, ARCHITECTURE & PHOTOGRAPHY 2018
FIRST SESSION



Photograph

APPLICATION FORM

Please use block capitals

Student's Name _____

Date of Birth Day Month Year Age Sex Nationality _____

Passport Details Please attach copy of your current passport

Parents' Names _____

Full Address _____

Telephone (home) _____ Telephone (work) _____

E-mail (home) _____ E-mail (work) _____

Present School _____ Grade _____

Art Teacher _____ Art Teacher's E-mail _____

Does the student suffer from any physical limitation, medical problems, allergies, food inconsistencies? _____

Please select one of the following, which shows your main area of interest: Architecture Drawing & Painting Photography

Please select one of the following electives: Design & Build Drawing & Painting Photography Art History

The Program reserves the right to dismiss at any time a student who has proven to be an unsatisfactory member of the Program community. If, in the Program's judgement, a student's conduct on or away from campus indicates that he or she is consistently out of sympathy with the ideals and objectives of the Program, parents will be required to withdraw the student. Acceptance constitutes a contract to pay the entire tuition for the enrolled period. I understand that there is no reduction or refund for absence, withdrawal, or dismissal.

Signature _____ Signature of Parent or Guardian _____ Date Day Month Year _____

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**DATES**

Monday, 25 June – Monday, 16 July 2018

AGES 13 – 18 years**FEES**

5,270 euros – Includes tuition, room and board, satchel with art supplies, airport/train station transfer on opening and closing days of program, activities, excursions, health insurance, and the final banquet at Château La Tour. Fees do not cover airfare or personal spending money.

TO APPLY

1. Complete and sign the application and pay deposit of 1,000 euros. The balance is due 30 days after receipt of invoice.
2. Provide a recommendation from a present teacher, preferably an art teacher.
3. Complete the attached Medical Form.

TRAVEL INFORMATION PLEASE READ THIS INFORMATION BEFORE BOOKING TICKETS

Airport Pick-up: Lyon, St. Exupéry, France. Approximately 2-hour journey from Les Tapes.

Train Station (from Europe): Valence TGV or Valence Ville

Students should arrive by 2 p.m. and depart between 9 a.m. and 12 noon on departure day.**PAYMENT** I wish to pay by Credit Card: Visa Mastercard Debit Card

Card Number: _____ / _____ / _____

Cardholder's Name: _____

Expiry Date: _____ Month _____ Year _____ Security No: _____ (last 3 digits on back of card) Amount: € _____

Cardholder's Signature: _____

There will be no debit card or credit card handling charge on payment of the deposit or balance. The balance of tuition is payable 30 days after receipt of the invoice

HOW DID YOU FIRST HEAR ABOUT TASIS? Friends Internet Teacher Advertisement Agent _____

Please return this form the Director of Summer Admissions • uksummer@tasisengland.org • +44 1932 582346
TASIS England, Coldharbour Lane, Thorpe, Surrey TW20 8TE, England
www.tasissummer.org



TASIS LES TAPIES PROGRAM 2018

CONFIDENTIAL MEDICAL HISTORY

STUDENT APPLICANT:

Last Name: _____ First Name: _____
Date of Birth: _____ Day _____ Month _____ Year _____ Gender: Male Female

TO BE COMPLETED BY PARENT/GUARDIAN

1. Please tick any contagious diseases the student has had or against which he or she has been vaccinated:

Mumps Whooping Cough
Measles Chickenpox
German Measles (Rubella) Other (please specify) _____

2. Does the student suffer from any allergies? Yes No

3. Is he or she allergic to any drugs? Yes No

If yes, state names: _____

Please send any emergency medication for Severe Reactions (bee sting kits, inhalers, etc.)

4. Please indicate the dates when the following were last given:

Polio vaccination _____

Tetanus vaccination _____

5. Is the student currently receiving any prescribed medicines that he or she should continue to take during the pro-

Yes No

If yes, please specify the disorder, name of medication, and dosage:

6. Please state whether there are any existing conditions, physical or psychological, which limit his or her activities

(Please use a separate sheet of paper if necessary). Yes No

7. Is the student a Vegetarian? Yes No

8. Does the student have any other dietary requirements? Yes No

If yes, please specify:

Signature of Parent/Guardian

Date