



APPLICATION FOR ADMISSION

MIDDLE AND HIGH SCHOOL

CANDIDATE INFORMATION

First Name:		Preferred name:	
Middle Name:			
Last Name:			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (DD/MM/YY)	
Citizenship:		Additional Citizenship:	
Primary Language:		Additional Language(s):	
Phone Number:		Email:	
Year Applying For:	<input type="checkbox"/> 2023-2024 <input type="checkbox"/> 2024-2025 <input type="checkbox"/> 2025-2026		
Grade Applying For:	<input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 8 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Postgraduate		
Resident Status:	<input type="checkbox"/> Boarding <input type="checkbox"/> Day	Resident in Ticino since:	
Do you plan on applying for International Baccalaureate Program			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you using an educational consultant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, consultant name:		Company	
How did you hear about TASIS?	<input type="checkbox"/> Friends <input type="checkbox"/> TASIS Alumnus/a <input type="checkbox"/> Advertisement <input type="checkbox"/> Website		

EDUCATIONAL BACKGROUND					
Has the candidate previously applied or attended a TASIS program?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, program name:					
Year(s) Attended:		Grade(s):			
Is the candidate presently in school?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current School:					
Address:					
Current Grade:		Dates Attended:		to:	
Previous School Attended:					
Address:					
Current Grade:		Dates Attended:		to:	
Has the candidate ever repeated or skipped a grade?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which grade and for what reason?					
Has the candidate ever been dismissed?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when and for what reason?					
Has the candidate ever been diagnosed with a learning difference? (e.g. dyslexia, dysgraphia, dyscalculia, dyspraxia or ADHD)				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please include copies of any psycho-educational evaluations and Individualized Education Plans the student has received.					
Has the candidate ever received learning support and/or tutoring?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which subjects and for how long?					
We want to ensure our students are happy, healthy, and safe at TASIS. Is there anything we need to know about the applicant's physical or mental health, dietary issues, or other personal needs?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Feel free to discuss this further below, and make us aware of information about diagnoses, follow-up care, psychoeducational evaluations, or any other documents that will help us better understand your child. These can be included with the application.					

HOUSEHOLD INFORMATION

PARENT 1			
First Name:			
Last Name:			
Parent Date of Birth: (DD/MM/YY)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Shared custodial right <input type="checkbox"/> Sole custodial right	
Relation to candidate:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:		
Phone Number: (Include country code)			<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Email:			<input type="checkbox"/> Personal <input type="checkbox"/> Work
Address Street:			
City:		State/Province:	
Postal:		Country:	
Profession/Title:		Company Name:	
PARENT 2			
First Name:			
Last Name:			
Parent Date of Birth: (DD/MM/YY)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Shared custodial right <input type="checkbox"/> Sole custodial right	
Relation to candidate:	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other:		
Phone Number: (Include country code)			<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work
Email:			<input type="checkbox"/> Personal <input type="checkbox"/> Work
Address Street:			
City:		State/Province:	
Postal:		Country:	
Profession/Title:		Company Name:	
SIBLINGS			
Sibling 1 Full Name:		Date of Birth: (DD/MM/YYYY)	
School Name:		Grade:	
Sibling 2 Full Name:		Date of Birth: (DD/MM/YYYY)	
School Name:		Grade:	

Please indicate adults who are authorized to pick up the candidate, need to receive school-related information, or gain access to report cards (this includes agents and nannies). At least one person should be selected as an emergency contact.

RELATED CONTACT 1

First Name:			
Last Name:			
Relation to candidate:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Nanny/Caretaker <input type="checkbox"/> Agent <input type="checkbox"/> Other:		
Phone Number:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email:		<input type="checkbox"/> Personal <input type="checkbox"/> Work	
Address Street:			
City:		State/Province:	
Postal:		Country:	

RELATED CONTACT 2

First Name:			
Last Name:			
Relation to candidate:	<input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Nanny/Caretaker <input type="checkbox"/> Agent <input type="checkbox"/> Other:		
Phone Number:		<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email:		<input type="checkbox"/> Personal <input type="checkbox"/> Work	
Address Street:			
City:		State/Province:	
Postal:		Country:	

EMERGENCY CONTACT

☐ Related Contact 1 ☐ Related Contact 2

CORRESPONDENCE

(Check all that apply)

General Correspondence	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Related Contact 1 <input type="checkbox"/> Related Contact 2
Billing Correspondence	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Related Contact 1 <input type="checkbox"/> Related Contact 2
Copy of Billing Correspondence	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Related Contact 1 <input type="checkbox"/> Related Contact 2
Receives Report Cards	<input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Related Contact 1 <input type="checkbox"/> Related Contact 2

STUDENT STATEMENT

We're interested in learning about you. Please use the space below to tell us about the subjects you like at school, the activities you enjoy, and why you want to come to TASIS.

PARENT STATEMENT

Completed by:

We’re interested in learning more about your child. Please use the space below to introduce him or her to the Admissions Committee, or feel free to attach a separate document.

TERMS AND CONDITIONS

PAYMENT TERMS

The sum of CHF 300 is a non-refundable application fee. I understand that a deposit of CHF 3,000 is due to reserve a place when the candidate is accepted. I understand that a place cannot be guaranteed until this deposit is received. I also understand that the deposit will be held by the School until the end of September after the student's graduation or withdrawal from TASIS, less any uncovered expenses accrued by the student, or will be retained by the School if the candidate fails to enter. **Acceptance and entrance constitute a contract to pay the entire year's tuition and room charges (if applicable), and I understand that there is no reduction or refund for absence, withdrawal, or dismissal.**

ACCEPTANCE TERMS

The School reserves the right to dismiss at any time a student who has proven to be an unsatisfactory member of the School community. If in the School's judgment a student's conduct on or away from campus indicates that he or she is consistently out of sympathy with the ideals, objectives, and program of the School, parents will be required to withdraw the student at once even though there may have been no infraction of a specific rule.

TASIS admits qualified students of any race, color, nationality, and ethnic origin and does not discriminate on the basis of race, color, nationality, and ethnic origin in its admissions policies and practices.

I understand that all TASIS rules, regulations, and documents are communicated in English. It is my responsibility to review and understand these materials clearly and/or to arrange for my own translation when necessary.

This agreement is governed by Swiss law as applied by the competent Court in Lugano (Switzerland). TASIS adheres to the provisions of the GDPR (General Data Protection Regulation UE 2016/679) regarding all personal data provided and does not share data with third parties. We keep our privacy policy under regular review and make updates as needed. This privacy policy was last updated on February 2, 2018, and is GDPR compliant. Please contact privacy@tasis.ch with any questions about our privacy policy or process of data collection.

Please review your information carefully. If you need to change any information once you have submitted this form, please contact admissions@tasis.ch.

I have read the above text and understand the implications and expectations explained above. I also certify that the information supplied in this application is truthful and complete.

Candidate Signature

Date:
(DD/MM/YYYY)

Parent Signature

Date:
(DD/MM/YYYY)

PLEASE SEND THIS FORM:

By email to:

admissions@tasis.ch

By mail to:

TASIS The American School in Switzerland
Admissions Office
Via Collina d'Oro 15
6926 Montagnola
Switzerland

PAYMENT INFORMATION:

Credit Card

Please visit www.tasis.ch/admissionspayment

Cash Payments

Cash payments are accepted up to CHF 300.

Wire Transfer

The student's name must be shown on the wire transfer to avoid confusion.

Bank details

UBS SA, Piazzetta della Posta, 6901 Lugano,
Switzerland

Account number

247.310488.01Y

Swift Code

UBSWCHZH80A

Payments issued from Europe should quote the following IBAN number: CH44 0024 7247 3104 8801 Y