



APPLICATION FORM

Last name_____

First name_____

Date of birth_____

Place of birth_____

Nationality_____

Civil state_____

Religion_____

Passport number or ID number

Address_____

Telephone_____

Email_____

Attended schools_____

Diplomas obtained_____

Languages spoken_____

Parents (father and/or mother)

- Name_____

- Address_____

- Telephone_____

- Profession_____

Brothers and sisters (name, age, profession)_____

Recent photo



At which higher education institution and in which section or faculty will you study?_____

Year and degree:_____

By which means will you finance your studies, your rent and daily expenses?___

For how long would you like to stay in our foyer?

When do you expect to arrive here? _____

Food or other allergies_____

How did you get to know this Foyer?

What are your cultural interests, hobbies and favourite sports?

Have you already participated in social, cultural or religious activities?

Have you received catechism classes (at school or in your parish)? Have you received the Sacraments of Christian initiation, i.e., Baptism, Eucharist, and Confirmation?



What do you expect of your study time?

Have you already lived in a students' residence? If yes, which?

What do you think you can contribute to life at our Foyer?

Please explain in a few lines what motivates you to choose our Foyer.



CERTIFICATE: Civil Liability Insurance

I have a civil liability insurance (responsabilité civile)

YES / NO

Name of the insurance:

AUTHORISATION to use photos (art. 28 of the Swiss Civil Code)

At the Foyer we take photos of activities in order to share the positive atmosphere of life at the Foyer. We therefore seek your consent to allow us to publish these photos on our website, social media pages, newsletters, notice boards and advertisements.

I give my consent for any photo taking, photo publication, distribution or reproduction of my image: **YES / NO**

AUTHORIZATIONS

-Each resident has a key allowing her to enter the Foyer. For young people under 18 years of age, parents (or legal guardians) are asked to sign a discharge, in particular for outings after 7pm and for absences of one night or more.

In case of serious illness or accident, the family will be informed as soon as possible.

- **In the event of an emergency, I give my consent for the directors of the Foyer to have me admitted to hospital or have me undergo surgery**

YES / NO

- Please inform (if unable to contact the parents or the legal representative):

Name

Tel.....



COMMITMENT

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The resident declares that she is aware of the financial conditions and the rules of the Foyer and that she will keep them.

In the event of a serious breach, the Direction reserves the right to terminate the resident's stay.

Place and date _____ Signature of the resident _____

Signature of parent or legal representative _____

Please attach: identity document / certificates from the previous academic year / proof of enrolment at the university/school in Lausanne.

THE DEFINITIVE REGISTRATION COMES INTO EFFECT WHEN THE STUDENT, DURING AN INTERVIEW WITH A SISTER OF THE DIRECTION, HAS TAKEN NOTE OF THE RULES AND FINANCIAL CONDITIONS OF THE HOUSE AND HAS DECLARED HERSELF READY TO RESPECT THEM, WITH THE TRANSFER OF THE CAUTION AND THE SIGNATURE OF THE CONTRACT.