

## Enrolment Form

Please fill in this form electronically or written in capital letters, sign it and send it by mail (Institut Montana Zugerberg AG, CH-6300 Zug) or e-mail to [admissions@montana-zug.ch](mailto:admissions@montana-zug.ch). Please do not hesitate to contact our admissions team at +41 41 729 11 99 should you need any further information.

### Student Information

First Name(s) (as in official passport)

Preferred First Name

Name (as in official passport)

Date of Birth (DD.MM.YYYY)

Gender

male

female

Place of Birth

“Heimort” (only for Swiss citizens)

Nationality

Mother Tongue

Religion (only for statistical purposes)

Siblings (Names, Age)

Student's Mobile Number

Student's E-Mail Address

### Enrolment at Institut Montana Zugerberg

Entry as

Boarding Student

Day Student  
(please refer to the special  
enrolment regulations)

School Programme

Bilingual Elementary School

Bilingual Secondary School

Swiss Gymnasium (monolingual)

Swiss Gymnasium (bilingual)

International School

Grade Level:

Date of Entry

School Year:

1st Semester

2nd Semester

Other Date:

Expected Length of Stay

Until Graduation

Fixed Stay:

Year(s)

Schools Attended Before

(Name, Country, Years)

First Correspondence Address  
(Parents, Legal Guardian, Contractual Partner)

	Person 1	Person 2	
<b>Name</b>			
<b>First Name(s)</b>			
<b>Relation to Student</b> (e.g. Mother/Father)			
<b>E-Mail Address</b>			
<b>Mobile Number</b>			
<b>Job Title</b>			
<b>Company</b>			
<b>Postal Address</b>	Street		
	Additional Street		
	Country	ZIP	City
	Phone (landline/private)		

Second Correspondence Address  
(e.g. Second Home Address, Separated Parents, Additional Contractual Partner, Educational Agent)

	Person 1	Person 2	
<b>Name</b>			
<b>First Name(s)</b>			
<b>Relation to Student</b> (e.g. Mother/Father)			
<b>E-Mail Address</b>			
<b>Mobile Number</b>			
<b>Job Title</b>			
<b>Company</b>			
<b>Postal Address</b>	Street		
	Additional Street		
	Country	ZIP	City
	Phone (landline/private)		

Further Information

<b>Correspondence Language</b>	<input type="checkbox"/> German <input type="checkbox"/> English	Please note, that information for the different school programmes and report cards will be sent in the language of instruction.
<b>Sending School Information</b>	<input type="checkbox"/> By Mail <input type="checkbox"/> By E-mail	<input type="checkbox"/> Send to Both Correspondence Addresses
<b>Special Family Situation</b>	Parents: <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Custody: <input type="checkbox"/> Shared <input type="checkbox"/> Individual, with:

Further Information

**Emergency Contact** Name, First Name(s)

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Phone /E-mail as in Correspondence Address       Different Phone

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Different E-Mail

Billing Address

**Sending Invoices**       1st Correspondence Address       By Mail  
 2nd Correspondence Address       By E-mail  
 Different Billing Address (see below)

Different Billing Address (if applicable)      Name

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First Name(s)

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Company

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Street

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Country      ZIP      City

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E-Mail

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Phone

**Special Instructions for Invoices**

Language Skills

Languages	Oral Level				Written Level			
	Beginner	Intermed.	Advanced	Native	Beginner	Intermed.	Advanced	Native
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Academic Information, Special Educational Needs

**Has the student ever been expelled from a school?**  No      if yes, please specify:  
 Yes

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**Psychological or Psychiatric Examinations**       No      if yes, please specify:  
 Yes

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**Special Educational Needs** (Dyslexia, Dyscalculia, other)       No      if yes, please specify:  
 Yes       Inclusive assessment arrangements are authorized/being applied for.

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**Hyperactivity, ADHS / ADS**       No      if yes, please specify:  
 Yes

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**Swimmer**       No  
 Yes

Medical Information (We kindly ask you for detailed information on the Health Form)

**Birth Infirmity, Operations, Illness**       No      if yes, please specify:  
 Yes

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**Epilepsy, Physical Handicap, Metabolic Disorder**       No      if yes, please specify:  
 Yes

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**Food Intolerances or Allergies, Special Dietary Requirements** (e.g. religious)       No      if yes, please specify:  
 Yes

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**Allergies**       No      if yes, please specify:  
 Yes

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**Continuous Medications**       No      if yes, please specify:  
 Yes

Interests & Hobbies

Interests & Hobbies  
(e.g. Sports, Music)

Further Information on  
the Student's Background

Information on the Enrolment

Visa Information (non-Swiss/EU students only)

Please specify the closest Swiss Embassy, Swiss Consulate where you would like to collect the Visa:

How did you find our School?

- Parent Recommendation
- Alumni Recommendation
- Company Recommendation
- Agent Recommendation
- Internet Research
- Visit at School Fair
- Montana Summer Sessions
- other:

Did you consult  
an educational agent?

- No if yes, please specify:
- Yes

Information for  
Boarding Students

- Double Room
- Single Room
- Laundry Service
- Weekly Pocket Money Given by the School
- No Stay throughout the Weekend
- Health/Accident Insurance through the Collective School Insurance

Registering for a health/accident insurance is mandatory to obtain residence in Switzerland. Boarding students without an insurance acknowledged in Switzerland can join the collective insurance of the school.

Information for All Students

- My child owns a valid Swiss "Generalabonnement" or track pass.
- My child owns a valid "Zugerpas".

If your child does not own a corresponding travelcard, the school will order a "Zugerpas" at a reduced price. It is mandatory that students own a "Zugerpas".

Signatures

With my signature, I agree and  
confirm that:

- all information requested on this form have been given truthfully.
- I accept the Enrolment Regulations, the School Rules and all further policies and regulations of the school.
- my consent, that relevant information about the student will be shared with relevant staff at school in order to ensure best possible support and care.
- to inform the school immediately of any changes in the family situation or residence.

For parents residing  
outside Switzerland:

I authorize the school to accompany my child for necessary administrative tasks (e.g. registration at authorities) as well as for medical treatments and examinations.

Signatures Parents/Legal Guardians (Contractual Partners)

Date

Signature

Signature

Names in Capital Letters

Date

Signature School

Signature School

Alexander Biner, Director

2nd authorised signatory

Necessary documents to proceed  
the application

- Certified copies of school report cards of last two school years (incl. grade descriptors)
- Copy of student passport