



Application package

**SUMMER PROGRAMS 2025
SWITZERLAND/LONDON**

Glion Institute of Higher Education



Application Form – Summer Programs

GLION INSTITUTE OF HIGHER EDUCATION

01 About the applicant

Family name _____	First name _____
Male Female	Nationality _____
Date of birth (DD/MM/YYYY) _____	Marital status Single Married
Postal address _____	
City _____	State _____
Postal code _____	Country _____
Home phone _____ <small>(including country code)</small>	Mobile phone _____ <small>(including country code)</small>
Email _____	Alternative email _____

02 Education

Name of high school / college / university _____	
City _____	Country _____
Highest qualification and subject _____	Completion date (DD/MM/YYYY) _____
Type of school Private Public / State International	

03 English language level

Mother tongue _____

To apply for a Glion Summer Program, applicants are required to demonstrate proficiency in the English language (knowledge of English), and you may do so by meeting any **one** of the criteria listed below:

English is my mother tongue

I have a recommendation letter from my high school counselor or Glion representative

For the last two years, I have been studying in a school where English is the primary language of instruction

I can provide an official test score and supporting documentation:

IELTS score _____	TOEFL score _____
Cambridge First Certificate score _____	Cambridge Advanced score _____
Name of other provider _____	Score _____

04 Academic program

Please select the program you wish to enroll in:

Hospitality Business Summer Program	Hospitality Business Summer Program	Hospitality Business Summer Program	Luxury Business Summer Program	Luxury Hospitality Summer Program
One-week course in London	One-week course in Switzerland	Two-week course in London & Switzerland	One-week course in Switzerland	One-week course in Switzerland
For students aged 15–17 years	For students aged 15–17 years	For students aged 15–17 years	For students aged 15–17 years	For students aged 18–26 years
20–27 July 2025 (GBP 2,970)	27 July–03 August 2025 (CHF 3,370)	20 July–03 August 2025 (CHF 7,220)	13–20 July 2025 (CHF 3,370)	20–27 July 2025 (CHF 4,020)

05 Medical needs & learning differences

Please note, it is expected that all students that are enrolled on a program are fit to undertake and complete their studies. However, should a situation arise where there are concerns as to a student's fitness to study, the school will always try to accommodate by organizing reasonable appropriate support with the aim of supporting the student to start and continue with their studies. In rare cases, where this is not possible, the student may be de-matriculated. We always invite students to share any learning difference or medical condition that they believe might affect their fitness to study as early as possible so that we can discuss and organize appropriate support in due time.

06 About the Parent/Legal Guardian or emergency contact

Mr.	Ms.	Languages spoken _____
Family name _____		First name _____
Postal address _____		
City _____		State _____
Postal code _____		Country _____
Home phone _____		Mobile phone _____
Email _____		Alternative email _____

07 Method of payment

The invoice which details the method of payment will be included alongside your acceptance letter.

Data Protection Statement

In accordance with data privacy regulations, we inform you that personal data provided on this form by you will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to ensure you are fit to start and continue learning at Glion or to make sure we can adjust our teaching methods or attend any special need during your stay.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates as well as to local authorities for visa issuance purpose.

Any financial information or any information related to your studies that has a financial impact may also be shared with your parent and/or sponsor who have a legitimate interest to be informed. Further information on how we use your personal data may be found at www.glion.edu/privacy-policy. Please read our Privacy Notice carefully before completing this form. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.

08 Application statement

Application statement

I understand that any information required as part of the application process is necessary to fulfil the identified purposes. I hereby declare that all information and attachments given as part of the application process are exact and complete. I understand that any statement which proves to be untrue or purposely misleading will render the application void and that if inaccuracies are highlighted at a later stage, the School retain the right to retract any offer made or expel me with no refund of fees.

I agree to abide by the totality of the School regulations, policies and procedures governing admission, enrollment and my studies at Glion, as they may be revised from time to time, including but not limited to the School Terms & Conditions and other regulations, policies and procedures related to academic life, student life and residency or finance. In particular, I understand that the fees and other financial conditions are modified once a year and I accept their revision.

I hereby declare to abide by the laws of the location of the campus where I intend to study / will be studying in case of a dispute related to the interpretation or to the execution of my legal obligations towards the School and accept the exclusive competence of the Courts of such a location.

I have read and understood the above conditions and accept them in full.

Authorization to use image, voice and name

As part of the normal business activity, Glion may undertake advertising campaigns that may involve students' image, voice and name. This use includes publications and distribution in printed, electronic and digital media, including but not limited to, course materials and brochures, video and audio broadcast programs, and website, social media and online communications. No economic or any other rights may come from the use of my image in the above mentioned terms.

I hereby grant right to use my image, voice and name for the purpose of the above mentioned

I hereby do not grant right to use my image, voice and name for the purpose of the above mentioned.

Name of Applicant _____

Signature of Applicant _____

Name of Parent/Legal Guardian _____
(if applicant is under 18 years old)

Signature of Parent/Legal Guardian _____ Date (DD/MM/YYYY) _____
(if applicant is under 18 years old)

Please upload to the Online Application, or email to info@glion.edu or send to your Education Counselor.

Data Protection Statement

In accordance with data privacy regulations, we inform you that personal data provided on this form by you will be treated with the sole purpose of managing your application and, in case of being accepted, opening your school record, which will be later used for academic purposes. Medical information will be used to ensure you are fit to start and continue learning at Glion or to make sure we can adjust our teaching methods or attend any special need during your stay.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates as well as to local authorities for visa issuance purpose.

Any financial information or any information related to your studies that has a financial impact may also be shared with your parent and/or sponsor who have a legitimate interest to be informed. Further information on how we use your personal data may be found at www.glion.edu/privacy-policy. Please read our Privacy Notice carefully before completing this form. At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.



Parental consent & declaration

GLION INSTITUTE OF HIGHER EDUCATION

Applicants who are below the age of 18 at the start date of the summer program must have their parent/legal guardian complete this form.

To be filled in by your parent/legal guardian

I, the undersigned (please tick): Parent Legal Guardian

Family name _____ First name _____
Postal address _____
City _____ State _____
Postal code _____ Country _____
Home phone _____ Mobile phone _____
(including country code) (including country code)

I hereby declare that I have legal custody of the child:

Applicant's family name _____ Applicant's first name _____
Date of birth (DD/MM/YYYY) _____
Mailing address _____
City _____ State _____
Postal code _____ Country _____

I acknowledge that Glion is an adult environment, and, therefore, I assume responsibility for the well-being and actions of the minor mentioned above.

This general consent expressly also includes independent participation in voluntary activities and events organized by the school including, but not limited to, general sports activities and/or events organized by the student body.

Medical consent: The medical staff of Glion Institute of Higher Education have my permission to evaluate and treat my minor child in the event of a medical emergency.

With this general consent, I also agree to all communications and notifications from the school becoming effective by being addressed directly to my child.

This consent will remain in effect until the applicant's 18th birthday.

Date (DD/MM/YYYY) _____ Signature of the Parent/Legal Guardian _____

Please upload to the Online Application, or email to info@glion.edu or send to your Education Counselor.

In accordance with data privacy regulations, we inform you that any personal data provided will be treated with the sole purpose of managing the present commitment and the rights and obligations born from it.

Your personal data will be stored as long as is necessary for the above-mentioned purpose extended by the duration of the applicable limitation period where relevant. When necessary to fulfil the above-mentioned purpose, your personal data may be transferred to our parent company Sommet Education Sàrl in Switzerland or one of its affiliates.

Further information on how we use your personal data may be found at www.glion.edu/privacy-policy. Please read our Privacy Notice carefully before completing this form.

At any given time, you may exercise your rights in data protection writing to dpo@sommet-education.com.



Travel consent form for minors

TRAVELING UNACCOMPANIED TO LONDON

Hospitality Business Summer Program applicants who are below the age of 18 at the start date of the summer program must have their parent(s)/legal guardian(s) complete, print and sign this form, and have the printed version with them if they are traveling alone to London.

Please make sure that your child brings a copy of both of your passports (father and mother or legal guardian(s)) to UK airports.

To be filled in by your parents/legal guardians

1. Information about the parent(s)/legal guardian(s) and child

I, _____ (full name of Father/Legal Guardian 1)

residing in _____ (postal address & country)

the Father Legal Guardian

and I, _____ (full name of Mother/Legal Guardian 2)

residing in _____ (postal address & country)

the Mother Legal Guardian

am/are the lawful custodial parent(s) and/or legal guardian(s) of:

Child's full name _____

Passport number _____ Child's date of birth _____

Nationality _____ Place of birth _____

Date and place of issuance of passport _____

2. Travel consent

_____ (Child's full name)

has my consent to travel the United Kingdom unaccompanied to attend Glion Institute of Higher Education's Summer Program from 20-27 July 2025.

They will stay in the United Kingdom until _____, date on which my/our child will fly back home.

During that period _____ (child's name) will be residing at Glion Institute of Higher Education's

London campus located at the following address: Downshire House, Roehampton Lane, London SW15 4HT, UK.

3. Contact details

Telephone number(s) of Father/Legal Guardian 1 _____
(Specify work and cell numbers, including country code)

Country and city of residence _____

Telephone number(s) of Mother/Legal Guardian 2 _____
(Specify work and cell numbers, including country code)

Country and city of residence _____

4. Signatures

Father/Legal Guardian 1 full name

Mother/Legal Guardian 2 full name

Date (DD/MM/YYYY) _____

Date (DD/MM/YYYY) _____

Signature of Mother/Legal Guardian 1

Signature of Mother/Legal Guardian 2



Travel consent form for minors

TO TRAVEL BETWEEN LONDON, UK & GENEVA, SWITZERLAND

Two-week Hospitality Business Summer Program applicants who are below the age of 18 at the start date of the summer program must have their parent(s)/legal guardian(s) complete, print and sign this form, and have the printed version with them in order to travel between London, UK and Geneva, Switzerland.

Please make sure that your child brings a copy of both of your passports (father and mother or legal guardian(s)) to UK and/or Switzerland airports.

To be filled in by your parents/legal guardians

1. Information about the parent(s)/legal guardian(s) and child

I, _____ (full name of Father/Legal Guardian 1)

and I, _____ (full name of Mother/Legal Guardian 2)

am/are the lawful custodial parent(s) and/or legal guardian(s) of:

Child's full name _____

Passport number _____ Child's date of birth _____

Nationality _____ Place of birth _____

Date and place of issuance of passport _____

2. Travel consent

_____ (Child's full name) has my consent to travel with:

_____ (full name of accompanying person)

Nationality _____ Passport number _____

Date and place of issuance of this passport _____,

to travel from London Heathrow Airport in the United Kingdom to Geneva Airport in Switzerland on 27th July 2025.

They will stay in Switzerland until _____, date on which my/our child will fly back home.

During that period _____ (child's name) will be residing at Glion Institute of Higher Education's

Glion campus located at the following address: Route de Glion 111, 1823 Montreux, Switzerland.

3. Contact details

Telephone number(s) of Father/Legal Guardian 1 _____
(Specify work and cell numbers, including country code)

Country and city of residence _____

Telephone number(s) of Mother/Legal Guardian 2 _____
(Specify work and cell numbers, including country code)

Country and city of residence _____

4. Signatures

Father/Legal Guardian 1 full name

Mother/Legal Guardian 2 full name

Date (DD/MM/YYYY) _____

Date (DD/MM/YYYY) _____

Signature of Mother/Legal Guardian 1

Signature of Mother/Legal Guardian 2



INTERNATIONAL ASSISTANCE

Get in touch with an Education Counselor

If you need help with your application, please do not hesitate to contact us.
Our team will put you in touch with an education counselor or admissions advisor in your region.

info@glion.edu
+41 (0)21 966 35 35



GLION CAMPUS

Glion Institute
of Higher Education
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1823 Glion-sur-Montreux
Switzerland