

# MY PERSONAL COMMITMENT

I certify that I have read the *Student Guide* and am fully aware of the dormitory regulations.

**I promise to be trustworthy and transparent throughout the school year and submit to the following:**

## Dormitory life

Respect for others, including silence, order, set times and school property.  
Submission to the conditions for off-campus leave, during the week or at the weekend (signing out card and parental permission for under 18's).

Participation in spiritual exercises: evening worships, Sabbath services at church.

Faithfulness in all the required practical work on campus.

## Social and moral behavior

Total abstinence from alcohol, tobacco and drugs of all kinds.  
Refraining from frequenting places which are not in harmony with the philosophy of the Campus adventiste du Salève (cafés, bars, night clubs, etc.).

Modesty in dress, language and behavior.

## I understand

and I accept that measures will be taken should I fail to respect these conditions. Disciplinary decisions are taken by the dormitory deans, the department heads and the school president.

Date:

Student signature

Parents' signature  
(for under 18's)

# APPLICATION FOR A PLACE IN THE DORMITORY

## General information

SURNAME: ..... Christian/first name: .....

Date of birth: ..... Place of birth: .....

Nationality: .....

Home address: .....

.....

Telephone: ..... Mobil: .....

In case of emergency, contact:

Name and address: .....

.....

Telephone: ..... Mobil: .....

## Studies

Application for admission to:

School of Theology     Language School

Have you already been a dormitory student?     yes     no

In which school? .....

.....

Previous certificates, diplomas or other qualifications: .....

.....

## Religion

Student religion: ..... If SDA, date of baptism: .....

Father's religion: ..... Mother's religion: .....

# MEDICAL INFORMATION

Your blood group: .....

Date of the following vaccinations: BCG: .....

Polio: .....

Tetanus: .....

Are you being treated by a doctor?  yes  no

by a psychiatrist?  yes  no

Are you allergic to certain medicines (drugs)?  yes  no

If so, which ones? .....

.....

Have you any other health problems?  yes  no

If so, specify: .....

.....

.....

## To be filled in by the dean

Items hired by the dormitory (to be paid for in case of loss).

Room n° ..... Key ..... Magnetic card n° .....

Sheets ..... Blanket ..... Pillow cases .....

Pillows ..... Other .....

Parking for car ..... Registration n° .....

Final date for the insurance: .....

Date of arrival at the dormitory: .....

Date of departure from the dormitory: .....

# YOUR SPECIAL SKILLS AND HOBBIES

## Leading out

activities for children under 12

teenagers

Bible study group

prayer group

other: .....

## Sports

Which sport(s) do you play?

.....

.....

.....

## Arts

music – instrument: ..... voice: .....

theatre

videotechnic

photography

drawing and graphic arts

other: .....