|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT’S PERSONAL DETAILS**  **ALTS REGISTRATION FORM**  For further information or clarification, contact: **0818 000 0500 | 0802 973 0700**  Email completed form to:  [schools@altsconsulting.com](mailto:schools@altsconsulting.com)  [fasawyerr@altsconsulting.com](mailto:fasawyerr@altsconsulting.com) | | | | | | | | |
| First name: | |  | | | | Middle name: |  | |
| Last name: | |  | | | | Date of birth: |  | |
| Preferred Name: | |  | | | | Gender: |  | |
| Student’s Email: | |  | | | | | | |
| Student’s Phone no. | |  | | | | Religion: |  | |
| Current class: | |  | | | | **Proposed class:** |  | |
| Program Start Date: | YEAR | | 20… | | | | Month: |  | |
| Nationality : | |  | | | | Other Nationality: |  | |
| Learning support SEN? Yes / No: | |  | | | | Please specify: |  | |
| Has any Educational Psychologist’s report been obtained? Yes / No: | | | | | |  | | |
|  | | | | | | | | |
| **STUDENT’S EDUCATION DETAILS** | | | | | | | | |
| Name of Current School | |  | | | | | | |
| Address of current school | |  | | | | | | |
| Name of Head Teacher | |  | | | | Telephone: |  | |
| Dates attended: | |  | | | |  |  | |
| If less than 1 year; Name of previous school with dates: | |  | | | | | | |
| Strengths: | |  | | | | | | |
| Interests: | |  | | | | | | |
| Future Profession / Career: | |  | | | | | | |
|  | |  | | | | | | |
| **COUNTRY OF INTEREST:** (highlight your preference in yellow): | | | | | | | | |
| UK | USA | Canada | | Other (specify): | |  | | |
|  | | | | | | | | |
| **PROPOSED PROGRAMME CHOICE** (highlight your choice in yellow): | | | | | | | | |
| Primary / Prep School | GCSE | A Level | | IB | | Foundation (UFP) | High School USA | |
| High School Canada | Pre-Uni (1 year) | Vocational | | Bachelors | | Post Graduate Diploma | Masters | |
|  | | | | | | | | |
| **SUBJECTS CHOICES:** | | | | | | | | |
| A Level Subjects (4): |  |  | |  | |  |  |  |
| IB Subjects (6): |  |  | |  | |  |  |  |
| Preferred School Type (i.e. single sex, co-ed, either): | |  | |  | | **Maximum Budget:**  (GBP, USD, CAD, EUR) |  | |
| Other considerations: |  | | | | | | | |
| Schools already contacted: |  | | | | | | | |
| Details of any medical conditions, physical disability or special needs which may affect the studies: | | | | | | | | |
| **ADDITIONAL INFORMATION** | | | | | | | | |
| PREDICTED GRADES (if known) or **CURRENT QUALIFICATIONS** (IGCSE / WAEC / ALEVEL / OTHER (specify) |  | | | | | | | |
| Please provide a short write-up on your child’s achievements in or outside of the classroom, trophies or prizes collected (if any), responsibilities; either within the school in the community, interests and future career. No more than a paragraph or two please. | | | | | | | | |
| **PARENTS’ DETAILS** | | | | | | | | |
| FATHER’S NAME (inc. Title) |  | | | | MOTHER’S NAME (inc. Title) | |  | |
| Occupation |  | | | | Occupation: | |  | |
| Address 1 |  | | | | Address 1 | |  | |
| Address 2 |  | | | | Address 2 | |  | |
| Address 3 |  | | | | Address 3 | |  | |
| Father’s Telephone No. |  | | | | Mother’s Telephone No. | |  | |
|  | | | | | | | | |
| Father’s email |  | | | | | | | |
| Mother’s email |  | | | | | | | |
| **HOW DID YOU HEAR ABOUT ALTS? (**Highlight your response in yellow) | | | | | | | | |
| Recommendation | Newspaper Advert | | Flier | School | | Internet Engine | Education Fair | |
| Other (please specify) |  | | | | | | | |
|  | | | | | | | | |

For further information or clarification: **0802 973 0700 | 0818 0000 500**

**Submit with your form:**

1. Passport data page . (2) Last 3 years school reports . (3) IGCSE / WAEC Grades or Predicted grades

**ALTS /CLIENT Service Agreement**

*(Scan and email to us at* [*schools@altsccosulting.com*](mailto:schools@altsccosulting.com) *or* [*fasawyerr@altsconsulting.com*](mailto:fasawyerr@altsconsulting.com) *)*

Education Advisory for :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate below which service you think you are likely to require:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AGREEMENT**  ( to be signed by the person paying for the service). | | | | | |
| Please note that receipt of a duly completed ALTS Registration form along with payment of the basic fees is taken as confirmation of instruction from you.  I hereby agree to pay the agreed fees for consultation at ALTS Services Consult (ALTS) and also pay for any additional services I ask ALTS to provide. | | | | | |
| Signed (Parent 1) |  | Date: |  | Full Name: |  |
| Signed (Parent 2) |  | Date: |  | Full Name: |  |

NOTE:

* All payments are non-refundable. Packages are valid only for current application school cycle and not deferrable in whole or part. Payments are not transferrable to other services or others.
* ALTS is an educational consultancy company with the sole aim of searching and gaining a formal OFFER for your child or yourself in school. This is what ALTS is contracted to do for you.
* ALTS is not a visa consultancy company. Although ALTS may guide and assist with the visa application, the outcome of visa decision is a factor of student’s and family’s personal information, supporting documents and decision of the visa officer.

* ALTS is not responsible for obtaining refunds from schools or giving withdrawal notice to schools.
* All OFFERS obtained by ALTS must be acknowledged within two business days and accepted or declined within the period specified by the school.
* Other services will be considered on a case-by-case basis and is chargeable separately and by agreement.

**PAYMENT DETAILS**

* Registration fee of N10,000 is to be paid at the initial meeting.
* Full Service Fees is to be paid on the commencement of the Service.

Bank: GT Bank

Account No: **0618502850**| Account Name: ALTS Services Consult

Reference: PUPIL’S NAME

Cheque payment: Please make all cheques payable to ALTS SERVICES CONSULT