

STUDENT'S PERSONAL DETAILS					
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@altscconsulting.com or 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:	
Signed (Parent 2)		Date:	

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

- 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