

Submit with your form:
- Passport data page
- Last 3 school reports
- IGCSE / WAEC Predicted Grades
or Mock Results

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

STUDENT'S PERSONAL DETAILS

Today's date:

First name:

Middle name:

Last name:

Student's Email

Student's Phone Number

Male: Female Current class: Proposed class:

Commencing Year: Month: 20.....

Date of Birth: (DD/MM/YYYY):

Religion:

Nationality:

Western citizenship? Yes No Please specify:

Learning support requirement: 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:

Telephone:

Name of Head Teacher:

Dates attended:

If less than 1 year; Name of previous school with Dates:

Strengths:

Interests:

Future Profession/ Career:

Country of interest: UK Canada USA Other

If Other, specify:

Proposed Programme Choice: Primary Prep school

GCSE A 'Level IB Foundation (UFP) Masters

High School (CAN/USA) Pre University (CAN/USA) University (CAN/USA)

For **A 'Levels & IB**, please give proposed subjects; **4** for A levels or **6** for **IB**:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

Type of School: (i.e. Single sex, Co-ed, Either):

Preferred area(s):

Budget: minimum to maximum:

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 / A' LEVEL / OTHER (specify)

<u>Subject</u>	<u>Grade</u>	<u>Subject</u>	<u>Grade</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS' DETAILS (Indicate main contact - Father Mother)

Father's name(inc Title):

Occupation:

Address Line 1:

Address Line 2:

Address Line 3:

Telephone no:

Email address:

Mother's name (inc Title):

Occupation:

Address Line 1:

Address Line 2:

Address Line 3:

Telephone no:

Email address:

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 or in the community, interests and future career. No more than a paragraph or two please.

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 Consulting") and also pay for any additional services I ask ALTS Consulting to provide.

Signed (Parent 1)

Signed (Parent 2)

.....

.....

Date

Date.....

ALTS /CLIENT Service Agreement

(Scan and email to us at schools@altscosulting.com or fasawyerr@altsconsulting.com)

Education Advisory for: _____

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

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: **0108713384** | Account Name: ALTS Services Consult Registration

Reference: PUPIL'S NAME

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

How did you hear about ALTS?

Recommendation Newspaper advert Flier School
Internet search engine Education Fair

Other (please specify) _____