

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@altscosulting.com](mailto:schools@altscosulting.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