



Email completed form to:
schools@altsconsulting.com or
fasawyerr@altsconsulting.com

Education . Projects . Solutions

For further information or if you wish to discuss any part of this form, please contact us on **0802 973 0700 | 0818 0000 500**

STUDENT'S PERSONAL DETAILS

Today's date:

First name:

Middle name:

Last name:

Student's Email

Male: Female Current class: Proposed class.....

Commencing Year: Sept. 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)

.....

Type of School: (i.e. Single sex, Mixed, 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)

Subject	Grade	Subject	Grade

Qualification(s):

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:

(e.g. personal recommendation, past pupil, website, flier, etc):

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)

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@altsccconsulting.com or fasawyerr@altsconsulting.com)

Education Advisory for : _____

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

ALTS Silver Package ALTS University Foundation (UFP)
ALTS Platinum Package ALTS SPE Package State Boarding School (UK)

Payment

Payment for all services must be made on completion of the initial consultation.

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**

Agreement

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.

Signed: _____

Date _____
(dd/mm/yyyy)

Print name: _____

How did you hear about ALTS?

Recommendation Newspaper advert Flier School

Internet search engine

Other (please specify) _____