

COUNSELING AGREEMENT FORM

Please Print, Complete, and Sign this Form then mail it to:

EDUCATION SYSTEMS INTERNATIONAL (ESI)

193 Oak Street, Suite 301E
Newton, MA 02464 USA

Date: _____ **Student's Name:** _____

Country of Birth: _____ **Country of Citizenship:** _____

Student's Home Address: _____

Home Phone: _____ **Cell Phone:** _____ **FAX:** _____

Email: _____ **SKYPE:** _____

I prefer to communicate by: _____

Mailing Address (if different from above): _____

Billing Address (if different from above): _____

Name and Address of Parents or Guardian: _____

Phone: _____ **Fax:** _____ **Email:** _____

Name and Address of Person financially responsible for Student:

Initial fee for first step:

- Personal interview with student and parents, if possible.
- First assessment regarding college/university admission goals.
- Completion of questionnaire provided by counselor

Deposit: \$500.00

Parent/Guardian to complete this section if applicable:

I _____ agree to pay for the services provided by ESI to my daughter/son _____ in light of facilitating her/his acceptance to a school or college in the United States, as discussed with ESI's representative.

Parent or Guardian signature: _____ Date: _____

Visit the ESI website at <http://www.edusystemsinternational.com> for a list of services, schedule and fees.

All fees will be agreed upon and paid in advance.

Payment can be made through PayPal from the ESI website at <http://www.edusystemsinternational.com/payment.htm> or by check payable to: Maya G. Evans and sent along with this signed form to:

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193 Oak Street, Suite 301E
Newton, MA 02464 USA

www.edusystemsinternational.com

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Skype: mayagevans