



CTM Education  
7232 Calidris Lane  
Carlsbad  
California 92011  
USA

# Private High School Program

## Application for Admission

Please print clearly in English and return it to your agent.

School Year: \_\_\_\_\_ Agent: \_\_\_\_\_

Grade Applying for: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_  
First Name Middle Name Surname/Family Name

\_\_\_\_\_  
English Name Date of Birth Gender

\_\_\_\_\_  
Country of Birth Country of Residence Passport Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State/Province Postal Code

\_\_\_\_\_  
Country Home Phone Student Cell Phone

\_\_\_\_\_  
Student Email Address

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
School Preference

Please submit completed and signed application with the following documents to be considered for admission:

- English Teacher Recommendation Letter
- Math Teacher Recommendation Letter
- Transcripts for previous 3 years with English translation
- English proficiency score (such as TOEFL or IELTS)
- Copy of passport and visa (if applicable)
- Family financial/bank statement



Parent One Parent Two

Full Name Full Name

Gender Relationship Gender Relationship

Email Address Email Address

Cell Phone Cell Phone

Work Phone Work Phone

Occupation Occupation

Employer Employer

Marital Status Marital Status

Financial Responsibility: Yes No Financial Responsibility: Yes No

Receive Correspondence: Yes No Receive Correspondence: Yes No

Emergency Contact: Yes No Emergency Contact: Yes No

Siblings

Name Date of Birth Grade

Name Date of Birth Grade

Name Date of Birth Grade

Other Emergency Contact (if applicable)

Name Phone Number Email Address



Current School

<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name	Grades Completed	Years Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Country	Phone Number

Previous School

<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name	Grades Completed	Years Attended
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Country	Phone Number

English Scores

Please enclose copies of your test score reports.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Test	Score	Date Taken
<input type="text"/>	<input type="text"/>	<input type="text"/>
Test	Score	Date Taken

Parent Questionnaire

To help us better know your child, do any of the following pertain to your child: physical limitations, regular medications (i.e. Epipen), chronic illness, learning difference/learning style needs, or family circumstances that might affect attendance?

If yes, please describe and send documentation:

Has your child ever been suspended, expelled, asked to withdraw, or denied readmission to any school? If yes, please explain:



# ctm education

## Applicant Questionnaire

Please list your involvement, if any, in the following areas:

Community Service

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Fine Arts/Performing Arts

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Sports

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Leadership/Extracurricular Activities

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Please complete these sentences:

The thing that I like the best about myself is . . .

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My teachers think that I am . . .

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Please answer this question:

Do you plan to attend College or University? In the U.S. or another country?

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**Personal Essay**

In your own words, please tell us something about yourself, and why you would like to study in the United States.

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**Agreements**

My signature below affirms that all of the information contained in the application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my admission.

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Student Signature Date

I apply to enroll the person named as a student of CTM Education. I agree to pay all tuition and accommodation fees incurred by the student as they become due in accordance with the Terms and Conditions and either to give the required notice of cancellation, or to pay the required fees in lieu of notice. I give permission for the administration of first aid and appropriate non-prescription medication to my child, and give permission to CTM Education and designated school representatives to seek medical, dental and optical treatment when required. I am the parent or legal guardian named.

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Parent name Signature Date