



Center for Teaching and Learning Academy, Abuja

Academic Year: _____

| APPLICATION FOR ADMISSION | | |
|--|-----------------------------|--------------------------------|
| | Office Use Date Received | |
| <p>Please submit the completed application, application fee and all other required documents. (Please reference the Application Checklist and fee payment instructions at www.ctlacademy.org).</p> <ul style="list-style-type: none"> An application date is assigned upon receipt of both the completed application form and application fee. At waitlisted levels, the application date becomes effective after formal acceptance. The admissions review process to determine acceptance starts only upon receipt of the application, application fee and all supporting materials. | | Attach Student's Photo Here |

| Student's Personal Details | | | |
|---------------------------------|--------------------|--------------------------|---------------|
| Student's Family (Last) Name | Given (First) Name | Middle Name | Gender |
| | | | Male / Female |
| Applying for Grade: | | Preferred Starting Date: | |
| Date of Birth Month/Day/Year | Office Use | Place of Birth | Citizenship |
| | | | |
| | | | |

| Language Information | | | | |
|----------------------|----------|---------------------------|-------------------------|----------|
| Applicant | Language | Percentage of Time Spoken | Parents | Language |
| First Language | | | Father's First Language | |
| Second Language | | | Mother's First Language | |
| Other Language | | | | |

| Languages Spoken at Home | | | |
|--------------------------|--|--------------------------------|--|
| Mother to Applicant | | Between Applicant and Siblings | |
| Father to Applicant | | Between Parents | |

| Educational History: List all schools attended (begin with most recent school). | | | | | |
|---|----------------------|--|--|-------------------|------------------------------------|
| Name of School | City, State, Country | Dates of Attendance Month/Year to Month/Year | | Grade Level(s) | Primary Language of Instruction |
| | | | | | |
| <i>Most recent school's Web site:</i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Family Information

Parents

| | | |
|---|-------------|--|
| Father's Full Name (Last, First) | Citizenship | Highest Education Degree/ Certificate |
| | | |

Circle One: Biological Father / Stepfather / Adoptive Father / Guardian

| | | |
|---|-------------|--|
| Mother's Full Name (Last, First) | Citizenship | Highest Education Degree/ Certificate |
| | | |

Circle One: Biological Mother / Stepmother / Adoptive Mother / Guardian

Siblings

| Name | Age | Male/Female | School Currently Attending / Applying to Attend |
|------|-----|-------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Employment Information

Father

| | |
|--------------------------|----------------|
| Employer (if applicable) | Position/Title |
| | |

Employer's Address:

| |
|--|
| |
|--|

Phone 1:

Phone 2:

E-mail:

Mother

| | |
|--------------------------|----------------|
| Employer (if applicable) | Position/Title |
| | |

Employer's Address:

| |
|--|
| |
|--|

Phone 1:

Phone 2:

E-mail:

Please Affix Business Card(s) Here

Additional Information

An informed decision to accept a student at CTL Academy depends on complete and accurate information. A student's ability to succeed at CTL Academy may be adversely affected by factors unknown to us. Failure to provide information during the application process may result in CTL Academy being unable to fulfill its educational commitment to you and your child, and may result in a reversal of an admission decision for an already enrolled student.

| | No | Yes |
|--|--------------------------|--------------------------|
| 1. Has the applicant been in a formal gifted/talented program? <i>If yes, what type of program and/or testing has the student received or taken to determine gifted/talented placement?</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the applicant repeated any grade level? <i>If yes, please specify grade level(s) and reason(s) for repeating:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the applicant ever been suspended or dismissed from school for any reason? <i>If yes, please provide specific details:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the applicant ever been diagnosed with any condition that may affect learning (such as, but not limited to: ADD/ADHD, dyslexia, Asperger's, etc.)? <i>If yes, please provide specific details and copies of all diagnostic test reports and results with application materials:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Within School: Has the applicant ever received or been recommended for any academic, behavioral or similar support, such as but not limited to learning support services, social/emotional support, or classroom accommodations, whether as part of an Individualized Education Plan (IEP), Section 504 Plan or other school accommodation plan? <i>If yes, please provide specific details and copies of educational or emotional support documentation. These documents include but are not limited to school reports; diagnostic test reports and results; Individualized Education Program (IEP) or 504 Plans; educational psychologist evaluations or other learning support profiles; medical information related to the applicant's learning; notes on speech therapy and other therapeutic support; and recommendations from specialist for future support.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Outside of School: Has the applicant ever received or been recommended for any academic, behavioral, social/emotional support, or similar support? <i>If yes, please provide specific details and copies of educational or emotional support documentation:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has the applicant ever been in an ESL, ELD, ELL, or related program for English language assistance? <i>If yes, please specify period of study (month/year to month/year):</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the applicant have mental, psychological or physical health conditions about which the school should be aware? <i>If yes, please provide specific details:</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the applicant routinely take medication? <i>If yes, please indicate medication(s), dosage, reasons for the medication(s), how long student has been taking medication(s) and side effects:</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Parents: Further Comments

Parents: Please list any further comments or information that may be helpful to us when evaluating this application.

Student: Required of students in Grade 5 and above)
Questions 1 through 8 are to be completed by the applicant.

1. **List any clubs, organizations, sports and/or extracurricular activities in which you have been involved.**
Please indicate how long you were or have been involved in each and describe your involvement.

2. **Do you play a musical instrument and/or sing in a choir/chorus?** No Yes
If yes, please list the ensembles in which you have participated and for how long.

3. **What do you like to do in your free time?**

Student: Required of students in Grade 5 and above
Questions 1 through 8 are to be completed by the applicant.

4. **Have you ever volunteered for an organization or done community service?** No Yes
If yes, please list organizations, indicate how long you were or have been involved in each, and describe your involvement.

5. **Which of your school courses do you especially enjoy and why?**

6. **Which of your school courses do you not like or find particularly difficult and why?**

7. **If you are experiencing difficulty in a relationship with a student or a teacher, what do you do and with whom do you speak?**

8. **What are your future plans (career goals, college/university plans, etc.)?**

Do you wish to have bus transportation provided by the school (at additional cost)? No Yes Uncertain
Please note that we do not offer transportation service at this time but we will consider offering the service if it would be beneficial to parents.

| Family Contact Information | |
|----------------------------|--|
| Primary E-mail Address: | |
| Alternate E-mail Address: | |
| Home Address : | |
| Primary Mobile Phone: | Circle one: Mother / Father / Other <i>If other, please specify:</i> |
| Alternate Mobile Phone: | Circle one: Mother / Father / Other <i>If other, please specify:</i> |
| Alternate Mobile Phone: | Circle one: Mother / Father / Other <i>If other, please specify:</i> |
| Alternate Mobile Phone: | Circle one: Mother / Father / Other <i>If other, please specify:</i> |

Signature

Marketing Statement

Occasionally, CTL Academy uses images of students in marketing and promotional material. Please indicate your preference:

- YES, I give CTL Academy permission to use images and pictures of my child in its marketing and promotional material.
- NO, CTL Academy cannot use images and pictures of my child in its marketing and promotional material. My child's photo may still appear in school publications intended for internal audiences (e.g. Yearbook) or internal, password-protected CTL Academy Web sites.

Permission to Release School Records

By signing this application, you grant CTL Academy Abuja express permission to collect school records and related information and/or follow-up with any and all previously attended schools listed on this form.

Signature: _____

Circle One: Father / Mother

Print Name: _____

Date: _____

CTL Academy Abuja • No. 2 Oladunni Ayandipo Close • Katampe Extension • Abuja, FCT, Nigeria
www.ctlacademy.org • admissions@ctlacademy.org
+234 (0)703 514 7277, +234 (0) 818 194 6446