

The CLS Admissions Office staff looks forward to working with your family as we go through the application process together.

The chart below will provide you with general information about admissions schedules and deadlines. When the Admissions Office receives your application, you will receive an acknowledgement with additional detailed information. Please feel free to call the Admissions Office if you have questions at any time.

Grade 1	Grade 2	Grades 3&4	Grade 5
<p>In January you will receive the parental release form, which you should submit to your child's current school and ask that your child's academic records be forwarded to the CLS Admissions Office as soon as the semester is complete.</p>			
<p>Give the teacher recommendation form to your child's teacher in January and ask that it be sent to the CLS Admissions Office in the enclosed envelope no later than February 1, 2010.</p>			
<p>Your application will be acknowledged with information about your child's small group visit at Charlotte Latin.</p>	<p>After sending in your application, please call the Admissions Office to schedule a day for your child to visit Charlotte Latin School. Visits may begin in mid-October and should be completed by early-February. On the day of the visit, your child will be partnered with a host student in his or her current grade and will be at Latin from 8:15 am until 2:00 pm.</p>		
<p>Applicants for Grades 1 through 4 take the Woodcock Johnson Cognitive Abilities Test (WJC). Please register your child to take the WJC by using the registration form found in the CAIS testing brochure. Testing will take place between October 1, 2009 and February 28, 2010.</p>			<p>Please register your child to take the Independent School Entrance Exam (ISEE) by using the registration form or registering online. Dates and schools where the test will be administered are identified on the chart below.*</p>

If you are applying for financial aid, be sure to send the Parents' Financial Statement to School and Student Service for Financial Aid before February 15.

If you have not had a personal tour of the Latin campus, please call the Admissions Office and we will be happy to schedule one for you.

Applicants who complete the admissions process after the application deadline will be considered on a rolling admission basis. Invitations to qualified students will be offered as openings occur.

*ISEE dates for applicants for 5th grade only:

DATE:	December 5	January 9	January 23	January 30	February 6	February 20	February 20	March 13
Location:	Charlotte Latin	Charlotte Christian School	Trinity Episcopal School	Charlotte Country Day	Providence Day School	Charlotte Preparatory School	Cannon School	Davidson Day School

FOR OFFICE USE ONLY:
Date Received: _____
Date Entered: _____
Check Number: _____



Paperclip a photo of any size here.

Application for Admission to Grades 1 through 5 for the academic year beginning Fall of 20_____

Student's Name _____
First Middle Last (Please indicate Jr., III, etc.)

Name called _____

Home Address _____
Street

City State Zip

Home Phone (_____) _____ E-mail* _____
* for Admissions correspondence

Cell Phone (_____) _____

Female Male Applying for Grade _____ Date of Birth _____ Place of Birth _____

School Currently Attending _____ Current Grade _____

School Address _____
Street

City State Zip

School Telephone (_____) _____ School Fax (_____) _____

Principal _____ Guidance Counselor _____

Other Schools Attended in the Last Five Years:

School _____ Dates _____ Grade(s) _____

School _____ Dates _____ Grade(s) _____

School _____ Dates _____ Grade(s) _____

How should correspondence be addressed? _____

Marital Status: Married _____ Separated _____ Divorced _____ Parent Deceased _____

If divorced, with whom does the student live? _____

Father's Name _____
First Middle Last (Please indicate Jr., III, etc.)

Name called _____

Home Address if other than above _____
Street

_____ City State Zip

Home Phone if other than above (____) _____

Business Name _____ Position _____

Business Address _____
Street

_____ City State Zip

Business Phone (____) _____ Send school correspondence? Yes No TO Home Business

History as a Charlotte Latin Student: Grades Attended _____

AND/OR Year of Graduation _____

Mother's Name _____
First Middle Last

Name called _____

Home Address if other than above _____
Street

_____ City State Zip

Home Phone if other than above (____) _____

Business Name _____ Position _____

Business Address _____
Street

_____ City State Zip

Business Phone (____) _____ Send school correspondence? Yes No TO Home Business

History as a Charlotte Latin Student: Grades Attended _____

AND/OR Year of Graduation _____

Brothers and Sisters of the Applicant:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

In what school or community activities has your child participated?

What special abilities has your child shown in school work?

What academic areas, if any, are most difficult for your child?

What grades did he or she skip? _____ Repeat? _____

Describe any illnesses, diseases, operations, or physical disabilities that would help us work more effectively with your child in the classroom or in the physical education program.

Has the applicant ever had an educational, neurological, or psychological evaluation? Yes No

(Note: If yes, a copy of the written evaluation must be submitted to the Admissions Office to be included as part of the applicant's confidential file.)

Please use this space for any additional comments that would help us to know your child better:

Have you previously applied for admission for your child to Charlotte Latin? Yes No If yes, when? _____

Has your child ever been enrolled at Charlotte Latin? Yes No If yes, when? _____

Continued

Please list relatives or friends who currently attend or who have attended Charlotte Latin School:

Name _____ Relationship _____

Name _____ Relationship _____

How did you hear of Charlotte Latin School?

- Advertisements or website Co-worker Current Latin family (Name) _____
 Educator at another school Latin Alumni Latin teacher or coach (Name) _____
 Other _____

Please check the category below that indicates the applicant's ethnic or cultural heritage. Your response is voluntary. Visit www.charlottelatin.org for definitions of the following NAIS designations:

- African American Asian American European American (Caucasian)
 Latino/Hispanic American Middle Eastern American Multiracial American
 Native American Pacific Islander American
 International (country) _____

Along with this application I am submitting a \$90.00 check to cover the non-refundable application fee.

Parent(s) Signature _____

Date _____

Please send application to:

Admissions Office
Charlotte Latin School
9502 Providence Road
Charlotte, North Carolina 28277

Telephone / 704.846.7207
Facsimile / 704.847.8776