

APPLICATION PACKET

Grades 1-5

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 Transcript Release Form, also available at www.charlottelatin.org. At that time, you should submit it to your child's current school and ask that his or her 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, 2012.</p>			
<p>Your application will be acknowledged with information about your child's 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 Grade 1 take the Wechsler Preschool and Primary Scales of Intelligence (WPPSI). You may register your child for the WPPSI by using the registration form in the CAIS brochure.</p>	<p>Applicants for Grades 2 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, 2011 and February 29, 2012.</p>		<p>Please register your child to take the Independent School Entrance Exam (ISEE) by using the registration form or registering online at www.iseetest.org. Dates and schools where the test will be administered are identified on the chart below.*</p>
<p>Please note that the WPPSI and the WJC must be taken at least 12 months after a previous administration.</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.

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:

December 3	January 7	January 21	January 28	February 4	February 11	February 25	March 24	April 28
Providence Day School	Charlotte Latin School	Charlotte Preparatory School	Davidson Day School	Trinity Episcopal School	Charlotte Country Day School	Gaston Day School	Cannon School	Charlotte Christian 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 (_____) _____ Parent E-mail* _____
* for Admissions correspondence

Cell Phone (_____) _____ (Mother Father)

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 your child received all immunizations required by the State of North Carolina? Yes No

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? _____

Continued

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

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) _____

If applying for grades 1-4, please give the date of your child's WJC test _____.

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

Although the processes for admission and financial aid are handled by separate offices, the deadline for submitting both forms is January 15 for Transitional Kindergarten and Kindergarten and February 15 for grades 1 - 12. For questions about financial aid, please contact the Financial Aid Office at 704-846-7231.

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

(Name) _____ is a candidate for admission to Grade _____ at Charlotte Latin School. Your expertise, insight, and honest assessment of the applicant are invaluable to the CLS Admissions Office as we get to know him or her. In relation to other students you have taught in recent years, please rate this student. Any specific examples and anecdotes are very helpful. Your remarks will be held in strict confidence. Please complete both sides of this form and return it directly to the address listed on the reverse side. Recommendations may be submitted online at www.charlottelatin.org. Thank you.

Grade in which you teach applicant _____

Text used for reading _____

Text used for math _____

Attendance record _____ Tardiness record _____

ACADEMIC PERFORMANCE	Superior/Excellent	Good	Average	Below Average	Poor
Reading comprehension skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral language skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math facts/computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has additional tutoring or outside help been recommended? _____ If yes, please indicate skill area and specific reason for the recommendation _____

Has tutoring been given? _____ By whom? _____

STUDY HABITS	Superior/Excellent	Good	Average	Below Average	Poor
Academic potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of completing work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention span/focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL CHARACTERISTICS	Superior/Excellent	Good	Average	Below Average	Poor
Peer relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assumption of responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influence on peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social and emotional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment on the following:

Applicant's greatest strength and/or talent:

Special areas that may need to be addressed (academic, emotional, social):

Applicant's participation in extracurricular activities:

Parent Information:

Cooperation with faculty/administration: rarely sometimes usually always

Expectations for student: unknown unrealistic realistic other _____

Participation in child's education: rarely involved sometimes involved
 appropriately involved overly involved

Additional comments (anecdotal observations, disciplinary concerns, etc.):

Your name (please print) _____ Date _____

Title/position _____

School _____

School Address _____

Street

City

State

Zip Code

Telephone (____) _____ Email _____

(PLEASE KEEP A COPY FOR YOUR RECORDS.)

Thank you for providing this information. Please mail this form by February 1 to:

Admissions Office
Charlotte Latin School
9502 Providence Road
Charlotte, North Carolina 28277-8695
Telephone / 704.846.7207
Facsimile / 704.847.8776