

APPLICATION PACKET

Grades 6-12

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

We hope the following checklist will provide all of the information you need about schedules and deadlines. Please feel free to call the Admissions Office if you have any questions.

- 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.
- Give the teacher recommendation forms to your child's English and math teachers in January and ask that they be returned to the CLS Admissions Office in the enclosed envelopes no later than **February 1, 2012**.
- If the school follows a block schedule and English or math classes begin at the start of the second semester, please ask your child's English or math teacher from last year to complete the appropriate recommendation.
- Give the supplemental recommendation form to a music teacher, coach, dance teacher, additional classroom teacher, *etc.* and ask that it be returned by the same deadline date. This form is optional.
- Please note: All teacher recommendations may be submitted online at www.charlottelatin.org.
- After sending in your completed application, you will be contacted by the Admissions Office to schedule a day for your child to visit Latin. We would like to organize a visit which allows the student to learn more about subjects and co-curricular areas he or she is particularly interested in. The Applicant Statement in the application will help us learn about those interests. **Visits begin in mid-October and conclude in early February for Middle School and in mid-February for Upper School.** Students may bring their own lunch or be our guests for lunch on the day of their visit.
- Please register your child to take the Independent School Entrance Examination (ISEE) test by using the registration form in the ISEE Booklet you received in the original information packet. You may also register online at www.iseetest.org.

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

Please note the registration deadlines found in the ISEE booklet.

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

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

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



Paperclip a photo of any size here.

**Application for Admission to Grades 6 through 12
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) _____

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

Applicant's Name _____

Grade of entry _____

During the admission process we become acquainted with you through recommendations from your teachers and your school. This is an opportunity for you to tell us about yourself and what is important to you, and it is a chance for us to know you better. We will also use this information to match you with a host on your visit day. Please complete this form in your own handwriting without assistance and mail it to the Charlotte Latin School Admissions Office at 9502 Providence Road, Charlotte, North Carolina 28277.

1. Which school subjects do you enjoy the most and the least?

2. Please comment on the extra-curricular activities you are involved in (sports, music, dance, publications, *etc.*). Include the number of years you have participated, your level of accomplishment, the position or instrument you play, and any recitals or productions you have been in, if appropriate.

(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 _____

Advanced or regular level _____ Text used _____

Applicant's grade and rank in class _____

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"/>

Has additional tutoring or outside help been recommended? _____ If yes, please elaborate on the 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:

Parental involvement and communication:

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

Your name (please print) _____ Date _____

Title/position _____

School _____

School Address _____

Street

City

State

Zip Code

Telephone (_____) _____ Email _____

Again, thank you for your assistance in providing us with this information. Please mail this form directly to:

Admissions Office
Charlotte Latin School
9502 Providence Road
Charlotte, North Carolina 28277-8695
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.

Course in which you teach applicant _____

Advanced or regular level _____ Text used _____

Applicant's grade and rank in class _____

Attendance record _____ Tardiness record _____

ACADEMIC PERFORMANCE	Superior/Excellent	Good	Average	Below Average	Poor
Math facts/computation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math concepts development	<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:

Parental involvement and communication:

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

Your name (please print) _____ Date _____

Title/position _____

School _____

School Address _____

Street

City

State

Zip Code

Telephone (_____) _____ Email _____

Again, thank you for your assistance in providing us with this information. Please mail this form directly to:

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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. Please tell us about the applicant's participation in and contribution to your group or activity. Information on how the applicant interacts with his or her peers and with adults, as well as any specific anecdotes, would be very helpful. Your remarks will be held in strict confidence. Recommendations may be submitted online at www.charlottelatin.org.

Your name _____

What is the organization or activity through which you have known this applicant? _____

How long have you known this student and in what capacity? _____

Please comment on the following characteristics of this student:

Honesty, conduct, potential for leadership, motivation, and effort:

Peer relationships, concern for others, adult and teacher relationships:

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 that would help us to know this applicant better:

Signature _____ Date _____

Address _____

Street

City

State

Zip

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