

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 you with all the information you need about schedules and deadlines. Please feel free to call the Admissions Office if you have any questions.

- Give the **teacher recommendation form** to your child's preschool lead teacher **in January** and ask that it be returned to the CLS Admissions Office in the enclosed envelope no later than February 1, 2010. Recommendations may also be submitted online at [www.charlottelatin.org](http://www.charlottelatin.org).
- We will acknowledge receipt of your application and will give you the time and date for your child's **group visit**. At the time designated, please come with your child to the Charlotte Latin Admissions Office in the Lower School Building. Plan to arrive 10 to 15 minutes before the visit begins.

During the visit, the children will have the opportunity to play and work for 1½ hours with seven or eight other children and three of our experienced teachers. The activities will be similar to those the children experience in their preschool classrooms. Parents are invited to remain on campus for refreshments and an informal program.

- Also in the acknowledgement, you will receive the date for your parent conference with an Admissions Office staff member. Testing must be completed at least two weeks prior to your conference date.

During the conference, we will talk with you about your child and what we have learned regarding his or her developmental readiness for Kindergarten. The 30-to 45-minute meeting will also give you the opportunity to share additional information about your child.

- Kindergarten testing takes place between October 1, 2009, and January 31, 2010, as noted in the CAIS brochure. If you applied to Charlotte Latin or another independent school last year, please check the date that the WPPSI test was administered and schedule your upcoming test for at least 12 months after last year's date.
- If you are applying for financial aid, be sure to send the Parents' Financial Statement to School and Student Service for Financial Aid before January 15.

**FOR OFFICE USE ONLY:**  
Date Received: \_\_\_\_\_  
Date Entered: \_\_\_\_\_  
Check Number: \_\_\_\_\_



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any size  
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### Application for Admission to Kindergarten 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 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Preschool Currently Attending \_\_\_\_\_ Class \_\_\_\_\_

Circle the days your child attends each week: M T W Th F Lead Teacher \_\_\_\_\_  
First Last

School Address \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip

School Telephone (\_\_\_\_\_) \_\_\_\_\_ School Fax (\_\_\_\_\_) \_\_\_\_\_

Director \_\_\_\_\_

Other Schools Attended in the Last Two Years:

School \_\_\_\_\_ Dates \_\_\_\_\_ Class \_\_\_\_\_

School \_\_\_\_\_ Dates \_\_\_\_\_ Class \_\_\_\_\_

How should correspondence be addressed? \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Parent Deceased \_\_\_\_\_

If divorced, with whom does the child 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

\_\_\_\_\_

\_\_\_\_\_

Other than the CAIS testing for Kindergarten, 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? \_\_\_\_\_

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](http://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) \_\_\_\_\_

My child's CAIS testing has been scheduled for \_\_\_\_\_ with \_\_\_\_\_.

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

*I give permission for teachers representing Charlotte Latin School to observe my child in his or her preschool classroom.*

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