

Application for Admission

Application Deadlines:

Junior Kindergarten*
December 15, 2007

Senior Kindergarten-Grade 5
Rolling

Grades 6-12
December 15, 2007*

Financial Aid
February 1, 2008

Open House Grades 6-12
November 18, 2007

*November 15, 2007 for siblings and children of alumni and faculty

*Entire process MUST be completed for first round consideration

Candidate Information

CANDIDATE'S FIRST NAME	CANDIDATE'S MIDDLE NAME	CANDIDATE'S LAST NAME	PREFERS TO BE CALLED
GRADE APPLYING FOR (in 2008)	DATE OF BIRTH	SEX <input type="radio"/> Male <input type="radio"/> Female	SOCIAL SECURITY NUMBER
Junior kindergarten applicants must be at least 4 years old by September 1, 2008.			
CANDIDATE'S HOME STREET ADDRESS		HOME PHONE	HOME FAX
CITY	STATE	ZIP	STUDENT E-MAIL

Family Information

CHECK APPROPRIATE:

Parents Married Co-Parents Parents Separated Parents Divorced Single Parent Mother Deceased Father Deceased

Remarried Stepmother's name _____ Stepfather's name _____

WHO HAS LEGAL CUSTODY? _____

DO YOU WANT TO APPLY FOR FINANCIAL AID? Yes No

Parent/Guardian 1

RELATIONSHIP TO CANDIDATE		
<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Dr	FIRST NAME	PREFERS TO BE CALLED
	LAST NAME	

Parent/Guardian 2

RELATIONSHIP TO CANDIDATE		
<input type="radio"/> Mr <input type="radio"/> Ms <input type="radio"/> Mrs <input type="radio"/> Dr	FIRST NAME	PREFERS TO BE CALLED
	LAST NAME	

PLEASE INDICATE ADDRESS IF DIFFERENT FROM CANDIDATE'S HOME ADDRESS.

HOME STREET ADDRESS			HOME STREET ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
HOME PHONE		HOME FAX	HOME PHONE		HOME FAX

PLACE OF EMPLOYMENT			PLACE OF EMPLOYMENT		
TITLE	POSITION	OCCUPATION	TITLE	POSITION	OCCUPATION
BUSINESS ADDRESS - STREET			BUSINESS ADDRESS - STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP
BUSINESS PHONE		BUSINESS E-MAIL	BUSINESS PHONE		BUSINESS E-MAIL

Siblings

SIBLING'S NAME	GRADE	BIRTHDATE	SCHOOL

Other Relatives

LIST RELATIVES WHO HAVE ATTENDED OR ARE CURRENTLY ATTENDING LATIN. (INCLUDE LAST NAME WHILE AT LATIN)

NAME	RELATIONSHIP TO APPLICANT	YEAR OF GRADUATION

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School Information

CANDIDATE'S CURRENT SCHOOL		DATES OF ATTENDANCE mm/dd/yy - mm/dd/yy		CANDIDATE'S PREVIOUS SCHOOL		DATES OF ATTENDANCE mm/dd/yy - mm/dd/yy		
CURRENT GRADE	SCHOOL ADDRESS			SCHOOL ADDRESS				
CITY		STATE	ZIP		CITY		STATE	ZIP
SCHOOL PHONE		SCHOOL FAX		SCHOOL PHONE		SCHOOL FAX		
FOR JK AND SK APPLICANTS ONLY								
DAYS IN CLASS <input type="radio"/> MONDAY <input type="radio"/> TUESDAY <input type="radio"/> WEDNESDAY <input type="radio"/> THURSDAY <input type="radio"/> FRIDAY								
TIME(S) OF CLASS								
TEACHER'S NAME								

Optional: Ethnic Information

With which group(s) do you identify? *Information in this section will be kept confidential.*

African American
 Asian American
 Hispanic/Latino(a)
 Multiracial American, please specify: _____
 Middle Eastern American
 Native American
 European American
 Other, please specify: _____

How did you hear about The Latin School?

SIGNATURE OF PARENT/GUARDIAN 1

SIGNATURE OF PARENT/GUARDIAN 2

Junior Kindergarten-Grade 12: Nonrefundable \$80 application fee is enclosed. Check # _____
Please contact us at (312) 582-6060 if this fee presents a financial burden.

The Latin School of Chicago has been and continues to be committed to the principles of equal opportunity. We do not discriminate on the basis of race, ancestry, color, religion, national origin, age, gender, sexual orientation or mental or physical disability in violation of the law.