



Application Packet for Charlotte Catholic High School

Click on the Information Desired

- **Admission Guidelines**
- **Required Submissions for Application**
- **Application**
- **Math Teacher Recommendation Form**
- **Science Teacher Recommendation Form**
- **Language Arts Teacher Recommendation Form**
- **Principal's Evaluation Form**
- **Immunization Requirements**
- **Student Health Form**
- **Parish Voucher**
- **Charlotte Catholic High School Profile**



The following must be returned to the MACS office for Application for Admission. Click on a particular form to access the form.

- Completed Application
 - Click here to access application – it can filled out on line and printed out. – **Be sure to sign application before submission.**
- \$100 nonrefundable application fee to initiate the admissions process
- Make checks payable to MACS (Mecklenburg Area Catholic Schools)
- Official copy of transcript of grades, standardized test scores, GPA, and class rank
- Proof of Physical Exam and Immunizations
 - Click here for Immunization Requirements
 - Click here for Printable Health Form
- Completed Math teacher recommendation form.
 - Click here for printable Math teacher recommendation form
- Completed Science teacher recommendation form.
 - Click here for printable Science teacher recommendation form
- Completed Language Arts teacher recommendation form
 - Click here for printable Language Arts teacher recommendation form
- Completed Principal's Evaluation Form
 - Click here for printable Principal's Evaluation Form

- Parish Participation Voucher
 - Click here for printable copy of Parish Participation Voucher

Be sure to sign all forms where applicable before submission

The above should be sent to:

Mecklenburg Area Catholic Schools

1123 South Church Street

Charlotte, NC 28203

Admissions Guidelines 2010 - 2011

Charlotte Catholic High School

Application Dates and Procedures

Applications for enrollment in the MACS system will be accepted beginning January 4, 2010. A completed application must consist of an application form, \$100 non-refundable application fee, *official* copy of transcript of grades, standardized test scores, health record, birth certificate, principal's evaluation, language arts, science and math evaluations. All documents will be available on line at www.charlottediocese.org in mid December. Submit a completed application for each applicant to the MACS Admission Office. An application will begin to be processed once all paperwork is complete and copies of requested information and fees have been provided. **Each completed application should be accompanied by a \$100 (per student) non-refundable application fee.** Checks are to be payable to MACS.

Seats are assigned according to the MACS Priority Placement. New applicants will be accepted and assigned after returning students are placed in their academic schedule. Preliminary registration information will be mailed to newly accepted students beginning in mid April. If you would like to visit Charlotte Catholic High School please call 704.543.1127 to schedule an appointment.

Priority placement is given to students according to the following:

- siblings of current MACS students who are participating Catholics
- students of MACS teachers who are participating Catholics
- participating Catholics of a Mecklenburg County parish
- participating Catholics of a parish outside of Mecklenburg County
- siblings of non-participating Catholics/non-Catholics currently enrolled in MACS
- non-participating Catholics and non-Catholics

In all cases involving Catholic students, their pastor must certify that they are participating Catholics in order to have priority placement and be eligible for the participating parishioner tuition rate. In order to be eligible for the participating parishioner tuition rate, Catholic families transferring into the Charlotte area may provide a letter from the pastor at their current parish stating that they are participating parishioners.

The Parish Support Program

A tuition assistance plan exists to assist families with an identified financial need. This program is funded by the local Catholic parishes for participating parishioners. Another fund exists for non-Catholics and it is self funding. Both funds are distributed on a sliding scale need basis. Applications for tuition assistance are available on line at www.charlottediocese.org Contact the MACS Business Office (704.370.3264) for more information on these programs.

Additional Considerations

All schools in the Diocese of Charlotte admit students of any race, color, sex, religion, national and ethnic origin to all the programs and activities generally accorded or made available to students at these schools.

Mecklenburg Area Catholic Schools
Application for Admission - CCHS

Date of Application _____ 20____

Applying to Charlotte Catholic High School for the _____ grade in _____
month and year planning to enter

Please complete this application and return it to the MACS office with the following:

- \$100 nonrefundable application fee to initiate the admissions process.
- Make checks payable to MACS (Mecklenburg Area Catholic Schools).
- Official copy of transcript of grades, standardized test scores, GPA, and class rank
- Proof of Physical Exam and Immunizations (Health form enclosed)
- Completed Math, Science and Language Arts Recommendation Forms (enclosed)
- Completed Principal's Evaluation Form (enclosed)
- Parish Participation Voucher (enclosed)

MACS USE ONLY

Check # _____

Amount _____

Date _____

For _____

No admission decision can be made until all documents that pertain to your student have been received.**Student Information**

Full Name _____ Preferred Name _____

Permanent Address _____

City _____ State _____ Zip _____

Telephone Number _____ Date of Birth _____ Male ___ Female ___

Religion Roman Catholic Parish Registered In _____

City, State _____

 Other Name of Religion _____Has applicant received First Eucharist? No Yes If yes, date received _____Has applicant ever been enrolled in a Mecklenburg Area Catholic School? No Yes

If yes, last year enrolled? _____ Which school? _____

Parent Information**Father's Name** (or Legal Guardian) _____

Home Telephone _____ Business Telephone _____

Company _____ Occupation Title _____

Company Address _____

Mother's Name _____

Home Telephone _____ Business Telephone _____

Company _____ Occupation Title _____

Company Address _____

With whom does the applicant reside? _____

Names of other children currently enrolled in a MACS school.

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

(over, please)

School Information

Currently in grade _____ Present School _____

City _____ State _____ Zip _____

Name of principal or head of school _____

School Telephone _____

Previous schools applicant has attended _____ Grade completed _____

_____ Grade completed _____

_____ Grade completed _____

Grades repeated, if any _____

Has the applicant ever received auxiliary services such as outside tutoring, psychological or educational testing, speech/language assistance, or professional counseling? yes no

If yes, explain _____

Please provide copy of any test results.

Has the applicant been hospitalized for significant medical treatment? If yes, please describe. _____

Has a physician ever prescribed any medication for attentional or emotional concerns, or is the applicant presently receiving such medication? yes no

If yes, list medication and possible side effects _____

List any other health or learning considerations needed for this child _____

Is your student receiving additional services such as gifted program, speech, language, or learning support? _____

If English is not the primary language spoken at home, what is? _____

These statements are true and accurate to the best of my knowledge. I understand that if pertinent information is not included or falsified, that my student's acceptance could be jeopardized or result in his/her removal from the school in the future. I enclosed a check for the application fee of \$100 per student applying for admission to Charlotte Catholic High School.

Signature of parent or guardian _____ Date _____

Charlotte Catholic High School

CONFIDENTIAL Math Teacher Recommendation

Student Name _____ Grade Applying to _____

Teacher Name _____ School _____

Directions: Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Poor
Problem Solving					
Grasp of New Concepts					
Organizational Ability					
Works Independently					
Classroom Conduct					
Completion and Quality of Homework Assignments					

Name of Math course this student is currently enrolled in _____

Title/publisher/grade level of text used _____

Comments _____

Signature of teacher _____ Date _____

Thank you for the time and effort you have taken in completing this evaluation.

Please Return to:
Office of Admissions
Mecklenburg Area Catholic Schools
1123 South Church St.
Charlotte, NC 28203-4003

Charlotte Catholic High School

CONFIDENTIAL Language Arts Teacher Recommendation

Student Name _____ Grade Applying to _____

Teacher Name _____ School _____

Directions: Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Poor
Reading Ability					
Written Expression					
Spelling					
Writes Grammatically Correct Sentences					
Verbal Expression					
Vocabulary Range					
Creativity					
Organizational Ability					
Works Independently					
Classroom Conduct					
Completion and Quality of Homework Assignments					

Name of English course this student is currently enrolled in _____

Title/publisher/grade level of text used _____

Comments _____

Signature of teacher _____ Date _____

Thank you for the time and effort you have taken in completing this evaluation.

Please Return to:
Office of Admissions
Mecklenburg Area Catholic Schools
1123 South Church St.
Charlotte, NC 28203-4003

Charlotte Catholic High School

CONFIDENTIAL Science Arts Teacher Recommendation

Student Name _____ Grade Applying to _____

Teacher Name _____ School _____

Directions: Please evaluate the candidate in the following areas by placing a check in the appropriate column.

	Excellent	Above Average	Average	Below Average	Poor
Reading Comprehension					
Written Expression					
Problem Solving Ability					
Grasp of New Concepts Homework Quality and Completion					

Current Science Course _____

Recommended Science Placement:

_____ **Advance Biology**

_____ **Regular Biology**

_____ **Earth Science**

Comments _____

Signature of teacher _____ Date _____

Thank you for the time and effort you have taken in completing this evaluation.

Please Return to:
Office of Admissions
Mecklenburg Area Catholic Schools
1123 South Church St.
Charlotte, NC 28203-4003

CHARLOTTE CATHOLIC HIGH SCHOOL

To: _____
Name of Principal or Registrar

This student has applied for admission to Charlotte Catholic High School. I hereby authorize you to release the records of my child to Charlotte Catholic High School.

Name of Applicant _____ Grade Applying To _____

Present or last school attended _____

Records to be released:

- Official copy of transcript of Grades and Attendance
- Standardized Test Scores
- Health Record (see attached form)
- Physical, Psychiatric, Psychological, and Learning Evaluations
- Recommendation from Math Teacher (see attached form)
- Recommendation from Science Teacher (see attached form)
- Recommendation from Language Arts Teacher (see attached form)
- Principal's Evaluation (see below)

Signature of parent or guardian _____ Date _____

<p>Principal's Evaluation For School Principal-Principal to Principal</p>	
Has this student ever appeared before your Discipline Committee? _____	
Has this student ever been suspended from your school? __yes__no. If yes, please comment.	
How would you rate this family's overall support of the school? _____	
Signature of principal _____	Date _____
<p>Attach documentation and mail to: Office of Admissions Mecklenburg Area Catholic Schools 1123 South Church Street Charlotte, NC 28203-4003</p>	

**Diocese of Charlotte
Catholic Schools
School Health Services
School Year 2010-2011**

All students are required by NC General Statute 130A-154 to have the following immunizations in order to attend school (all public and private schools)

- 1. DTP/DTaP – 5 doses**
- 2. Tdap booster prior to entering the 6th grade if it has been 5 years or greater since the last DTP/DTap**
- 3. Polio – 4 doses**
- 4. Hib – 1 dose (cannot be administered after age 5)**
- 5. Hepatitis B – 3 doses**
- 6. Varicella – 1 dose**
- 7. Measles – 2 doses**
- 8. Mumps – 2 doses**
- 9. Rubella – 1 dose**

The above requirements are applied for certain age groups and whether or not immunizations began as an infant. The school nurse reviews these requirements on an individual basis as each student is enrolled.

Parents must provide the immunization certificate to school. The immunization certificate may be copied. The original certificate should be retained by the family (and updated as booster doses are received) throughout the child's school career extending through college.

Immunization Certificates presented to school must include:

1. Name of child, birth date, address and names of parent/.guardian.
2. Full dates of each immunization dose (month, day, year)
3. Name and address of physician or clinic which administered the immunizations.
4. Certificates are to be signed or stamped by the physician or clinic.

**DIOCESE OF CHARLOTTE
STUDENT HEALTH RECORD**

SCHOOL _____ GRADE _____

NAME(LAST) _____ (FIRST) _____ (MIDDLE) _____ BIRTH DATE _____ SEX _____

FATHER AND MOTHER (MAIDEN NAME) OR GUARDIAN _____

ADDRESS _____ CITY/STATE _____ ZIP _____

RECORD OF IMMUNIZATION (Enter date of EACH dose - Mo/Day/Year)					
DTaP	POLIO	MEASLES	Hib	HEPATITIS B	HPV
#1	#1	#1	#1	#1	#1
#2	#2	#2	#2	#2	#2
#3	#3	MUMPS	#3	#3	#3
#4	#4	#1	#4	HEPATITIS A	MENINGITIS
#5	MMR	#2	VARICELLA	#1	#1
Tdap	#1	RUBELLA	#1	#2	
#1	#2	#1	#2		
#2					

STATE LAW REQUIRES MINIMUM DOSES FOR EACH VACCINE (SEE REVERSE)
NOTE: Exemptions from NC State Immunization Law require that a statement must be on file in student's permanent record. Exemptions must meet requirements of the law. Medical _____

HEIGHT _____ WEIGHT _____ BP _____ LAB REPORT _____

VISUAL ACUITY (R) _____ (L) _____ W/O GLASSES/CONTACTS _____

HEARING PASS _____ FAIL _____

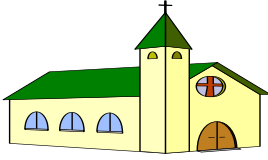
PHYSICAL EXAM	NORMAL	ABNORMAL	PHYSICIAN'S COMMENTS
NUTRITION			
SKIN AND SCALP			
ENT			
TEETH			
EYES			
HEART			
LUNGS			
ABDOMEN			
ORTHOPEDIC			
NEURO			

CHECK BOX	PRESENT	ABSENT	PHYSICIAN'S COMMENTS
EMOTIONAL/MENTAL BEHAVIOR PROBLEM			
PHYSICAL HANDICAP-LIMITS ACTIVITY			
RESTRICTION NEEDED			
ENCOURAGE PARTICIPATION			
OTHER HANDICAP/DISABILITY:			
SEIZURES			
ALLERGIES			
ON MEDICATION (SPECIFY)			
FOLLOW-UP RECOMMENDED			

- Cleared - I certify that I have examined the above named student and that such exam reveals no condition that would prevent this student from participating in interscholastic sports or physical education classes.
- Not cleared. If student not qualified, list reasons. _____

DATE of EXAM _____ PHYSICIAN'S SIGNATURE _____

Physician's Address _____



PARISH PARTICIPATION VOUCHER

Each family expecting to be classified as a participating parishioner of a Mecklenburg Area Catholic Parish is required to complete this form, have the form signed by their pastor and return it to the MACS Business Office. Without this form, signed by your pastor, your family will be classified as a non-participating parishioner and charged the corresponding rate.

Families who are relocating to the Charlotte area must submit a voucher signed by their current pastor in order to be eligible for the participating parishioner rate. The Catholic transfer status will be valid for a six-month period. After six months, a voucher from a Mecklenburg Area Catholic Parish will be required.

Each family expecting to participate in the parish subsidy program is required to be registered and participating in a Mecklenburg Area Catholic Parish. This matter is to be clarified for each student before formal enrollment in the school system. Your status as a participating parishioner will be verified annually.

FAMILY INFORMATION			(Please print or type all information)
Family Name:			
Address:			
City:	State:	Zip:	
Telephone Number:		Previous Parish:	

STUDENT INFORMATION	
Student Name:	
Entering Grade:	School:
Student Name:	
Entering Grade:	School:
Student Name:	
Entering Grade:	School:

I/We, the parents/guardians of the student(s) listed above understand:

- A. A registered member is one who is officially listed on the parish census.
- B. A participating member is one who is involved and intends continued involvement in weekly parish worship and contribution of time, talent and treasure for the support of the parish.

Parent/Guardian Signature: _____ Date: _____

Parish: _____ Envelope No. _____

I certify, as pastor of the above designated parish, that the listed parent and student(s) are participating parishioners.	
Pastor Signature:	Date:

Charlotte Catholic High School Profile 2009-2010

Charlotte Catholic High School is a parochial, four year co-educational school with a college preparatory curriculum. It is an outgrowth of an educational program, which began in 1887 at St. Mary's Seminary, in what is now uptown Charlotte. CCHS has a tradition of spiritual and academic excellence and has been an integral part of the Charlotte community since 1955.

Student Enrollment

Grades:	9 - 12	
Total:	1,399	
Girls:	692	Boys: 707
Catholic:	1,286	
Other Faiths:	113	

Faculty

75	Full-time Teachers
5	Part-time Teachers
4	Full-time Counselors
1	Learning Support Teacher
1	Media Center Director

Graduation Results

100% graduation rate is the norm for graduating classes and 98% placement in four year colleges.

Accreditation

Charlotte Catholic High School is celebrating 50 years as a fully accredited institution by the Southern Association of Colleges and Schools. Charlotte Catholic High School is also accredited by the North Carolina Association of Independent Schools and the Diocese of Charlotte.

School Traditions

Gala and Auction
 Post Prom Party
 Alumni Basketball Tournament
 Christmas Service Projects
 Homecoming (Fall and Winter)
 Junior/Senior Prom
 Senior Career Day
 Catholic Schools Week

Volunteer Organizations

Home School Association
 Athletic Association
 Alumni Association
 CCHS Foundation
 Band Association

School Year

The school year is divided into two semesters of 18 weeks with four reporting periods of nine weeks.

Co-Curricular

Charlotte Catholic High School offers opportunities for spiritual growth through retreats, liturgies, and prayer services. All students participate in service projects throughout the Charlotte community.

Arts

Fine Arts offerings include three fine Arts Festivals each year performed by the Freshmen Chorus, Choral Ensemble, Honor Choir and Performing Dance classes. The Concert Band presents 2 concerts a year while the Marching Band performs at the majority of the football games. The Theater Arts students present a play each Fall and the entire Fine Arts Department presents a Broadway musical each Spring.

Athletics

Mascot: Cougar
 Colors: Red, White, Columbia Blue
 CCHS has an extensive athletic program. There are 40 teams competing in 16 different sports as members of the 3/A/4A Conference and the North Carolina State Athletic Association. In 2008-2009 the following teams qualified for the state playoffs: Football, Volleyball, Men's and Women's Tennis, Men's and Women's Soccer, Men's and Women's Basketball, Men's and Women's Cross Country, Baseball, Softball, Wrestling, Men's and Women's Track, Men's and Women's Golf and Men's and Women's Swimming and Men's and Women's Lacrosse. There were 16 conference champions and 5 state championship teams. All of this is achieved with the support of the CCHS Athletic Association.

Teams

J.V. and Varsity Football
 J.V. and Varsity Baseball
 J.V. and Varsity Cheerleading
 J.V. and Varsity Volleyball
 Boys and Girls Varsity Tennis
 J.V. Girls Tennis
 Boys J.V. and Varsity Soccer
 Girls J.V. and Varsity Soccer
 Girls J.V. and Varsity Basketball
 Boys J.V. and Varsity Basketball
 J.V. and Varsity Field Hockey
 Softball
 Boys and Girls Cross Country
 Wrestling
 Boys and Girls Track
 Boys and Girls Golf
 Boys and Girls Swimming
 Boys and Girls Lacrosse
 Dance

Clubs and Activities

Echo Club
 High Q
 Latin Club
 Model UN
 Red Cross
 Amnesty International
 Art Club

Beta Club
 Ice Hockey Club
 Chess Club
 Big Brother/Big Sister Program
 Campus Conservation
 Cultural Appreciation
 Environmental Club
 Dream Team
 French Honor Society
 Honor Council
 Literary Club
 Monogram Club
 National Honor Society
 Physics Club
 Science Olympics Club
 Spanish Honor Society
 Fellowship of Christian Athletes
 Student Council
 Students Against Drunk Driving
 Voices for Life

For Further Information

Charlotte Catholic High School
 7702 Pineville-Matthews Road
 Charlotte, NC 28226
 (704).543.1127
 Virginia Bond
 MACS Director of Admissions
 (704).370.3273