



A NativityMiguel School

APPLICATION FOR ADMISSION



**Transforming Lives Toward
Personal Excellence**

**Main Office: 203-772-2424
Fax: 203-772-2425**

**208 Columbus Avenue
New Haven, CT 06519**



Thank you for your interest in St. Martin de Porres Academy. We are a faith based NativityMiguel middle school that provides tuition free, extended day education for underserved girls and boys from low-income families in the greater New Haven area. We are an independent Catholic school committed to a belief in the dignity and worth of every person. We strive to provide each child with a promising start in life and to equip them to fulfill their academic potential while achieving spiritual and social maturity. We welcome children of all faiths, races and cultures.

In order to be considered for admission, a child must:

- Come from a family of low income, limited resources and be at risk of not achieving their potential
- Have the ability to learn without special services
- Be free of serious emotional and behavioral problems that disrupt life in the classroom
- Have one committed adult who will support the child in their educational endeavors at Saint Martin de Porres Academy & beyond
- Possess the desire to be their best self

The Admissions Process consists of three steps:

- Complete the application and mail it to the school with your \$35.00 nonrefundable application fee (cash, money order or credit card – no personal checks will be accepted).
- Once the application has been received, we will contact you to schedule a shadow day.
- The shadow day consists of an interview with the parent(s)/guardian(s), placement exam, writing sample, and student interview.

Students will be notified of their acceptance by the end of May. If you have any questions or concerns about the application process, please contact the school at 203-772-2424.

Sincerely,

Kelly O’Leary
Principal

Allison Rivera
President

208 Columbus Ave • New Haven, CT 06519
Phone: 203-772-2424 Fax: 203-772-2425
www.saintmartinacademy.org



APPLICATION FOR ADMISSION
Student Information

Student's Name: _____
First Middle Last

Street Address: _____

City, State, Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Date of Birth: _____ Age: _____ Sex: M____ F____
Month Day Year

Current School: _____

School Address: _____

School Phone Number: (____) _____ Current Grade: _____

Principal: _____ Entering Grade: _____

Other Schools Attended:

<i>Name of School</i>	<i>Grade(s)</i>	<i>Dates Attended</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your child ever repeated a grade? _____ No _____ Yes: Grade _____

How did you hear about St. Martin de Porres Academy? _____

Religion: _____ Parish/Church: _____



Family Information

MOTHER or GUARDIAN

FATHER or GUARDIAN

Name: _____

Relationship to student: _____

Occupation: _____

Employer: _____

Home Phone: _____

Work Phone: _____

Address (if different than child's):

Student lives with _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Brothers/Sisters:

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>School</i>

Ethnic background (optional): Please identify your ethnic background/origin.

Asian Latino Caucasian African American Other: _____

***Please Mail These Forms & A RECENT PHOTOGRAPH OF YOUR CHILD TO:
St. Martin de Porres Academy • 208 Columbus Avenue • New Haven, CT 06519***

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Phone: 203-772-2424 Fax: 203-772-2425
www.saintmartinacademy.org



Financial Information

St. Martin de Porres Academy is a tuition-free school that seeks to enroll young people from low-income families in the Greater New Haven Area. Therefore, family income is one of the most important factors in the admissions decision.

Number of dependents in the family_____

Annual family income_____

Does your child qualify for the Federal Free and Reduced Breakfast and Lunch Program for this school year?

____Did not participate

____Free

____Reduced

Please note that while your child will receive a \$14,000 scholarship, each family will be charged \$30 per month activity fee per student (\$330.00 per year) and a \$50.00 instrument repair fee.

Please submit ONE of the following with your application:

- a. Your most recent Federal Income Tax Return (Form 1040 or 1040A)
- b. A letter from Social Security Office stating the amount of your Social Security or Supplemental Security Income (SSI)
- c. A letter from Aid to Families with Dependent Children (AFDC) stating the amount you receive
- d. Provide a personal statement of income

**Does your family have ongoing expenses that affect your family income?
(For example: medical expenses, tuition expenses, child support payments etc.)**



Educational Information

In order to better support your child if he/she is accepted; please complete all of the following:

Does your child receive any school-related support services?

If yes, please check those that apply:

_____ Counseling (in school) _____ Resource Room _____ Speech/language therapy

_____ Counseling (outside school) _____ ESL _____ Title 1 Math

_____ Title 1 Reading _____ Other (please specify) _____

Please describe any specific circumstances which have affected your child's performance in school.

(For example: Illness or physical handicap, particular learning difficulties, family circumstances, frequent changes in home or school.) Please include documentation concerning any special testing your child may have had.

Is there any illness or disability that impacts the student's studies or participation in school activities such as physical education? _____ Yes _____ No

If yes, please indicate what they are (asthma, dyslexia, etc.) and explain.

Does the student wear glasses? _____ Yes _____ No

Approximately how many days has the student been absent from school in the past two years? _____

Please explain.

List any activities/sports/clubs in which the student is currently a participant.

Primary language spoken at home: _____

Language(s), other than English, that student reads and writes: _____



A NativityMiguel School

Teacher Recommendation Form

Student's Name _____

Teacher Recommendation Request: _____

School: _____

Present Grade: _____

I hereby give my permission to complete the teacher recommendation form and forward the form directly to:

St. Martin de Porres Academy
208 Columbus Avenue
New Haven, Connecticut 06519

Parental Signature: _____

Date: _____



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Dear Fellow Educator,

A parent whose child is applying for admission to St. Martin de Porres Academy has given your name to us for a recommendation. St. Martin de Porres Academy is a tuition-free, Catholic middle school (grades 5-8). We are funded entirely by private donors and foundations as an independent Catholic school. Our mission is to serve low-income children who are willing to learn and can benefit from small classes and an extended day. We are in session from 7:15 a.m. to 5:15 p.m. and offer extensive one-on-one student assistance.

I realize how busy teachers are with their daily work, and we appreciate the time you must take to complete this form. We anticipate that your input will be among the most valuable information we receive because of your personal knowledge of the young person who is applying. Please know that we sincerely appreciate any insight you can give to us as we make our admission decisions in the next few weeks.

If you have any questions, you may always contact me at (203) 772-2424.

Sincerely,

Kelly O'Leary
Principal
St. Martin de Porres Academy

208 Columbus Avenue • New Haven, CT 06519
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www.saintmartinacademy.org



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Confidential Teacher Recommendation Form

St. Martin de Porres Academy is a faith-based, co-educational program dedicated to actualizing the potential of each student in grades 5-8. With its small class size and extended day format, young people from economically challenged backgrounds will be offered an opportunity for personal growth and academic achievement as well as preparation for future success in high school and college.

Student's Name: _____

How long have you known this student? _____

In what capacity? _____

Please rate the student on the following criteria by checking the appropriate box.

	Always	Often	Seldom	Never
Student arrives prepared for class				
Student works to his/her ability				
Student completes assignments on time				
Student is inquisitive				
Student is articulate				
Student is a motivated learner				
Student shows respect for peers				
Student shows respect for adults				
Student is respected by peers				
Student demonstrates academic potential				
Student accepts responsibility for behavior				

Teacher Recommendation continued:

Please list any extracurricular activities the student participates in at school.

Please comment on the student's academic abilities, maturity level, leadership potential, attitude and other factors that may impact this student's potential for success at St. Martin de Porres Academy.

Overall Recommendation

Not Recommended With Reservation Fairly Strongly Strongly Enthusiastically

Name (please print) _____

Signature _____ **Date** _____

Thank you for your time and effort in sharing your professional insights about this student. It is a critical component in the overall application process.

Please return this form in the attached envelope to:

St. Martin de Porres Academy • 208 Columbus Avenue • New Haven, CT 06519

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To Whom It May Concern:

A student presently enrolled at your school has applied to St. Martin de Porres Academy for admission in September 2010-2011. We are a tuition-free middle school. All students accepted are awarded a full scholarship. In order to consider this student for a scholarship, we must have complete records from his/her present school.

Please forward his/her complete transcript of grades, any standardized test scores, special services required, attendance and disciplinary records as soon as possible.

Our admissions committee will meet to consider for acceptance. As mentioned, we cannot consider any student whose file is incomplete. If there is any information that you need from us, please call me at 203-772-2424.

Thank you for your prompt attention to this matter.

Sincerely,

Kelly O'Leary
Principal
St. Martin de Porres Academy



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Release for Transcripts, Medical Records, & Student Grades

The student named below has applied for admission to the St. Martin de Porres Academy in New Haven, Connecticut. We request that a copy of his/her transcript be forwarded to the St. Martin de Porres Academy at your earliest convenience. Please also include information about attendance and standardized test scores.

I hereby authorize _____ to immediately release a copy of
Name of Current School

the academic records of _____ to St. Martin de Porres Academy,
Name of Child

208 Columbus Avenue, New Haven, Connecticut, 06519.

- | | |
|--|---|
| <input type="checkbox"/> All Educational/Disciplinary Records
(as soon as possible) | <input type="checkbox"/> All Medical Records
(as soon as possible) |
| <input type="checkbox"/> Speech/Language Evaluation
(if applicable) | <input type="checkbox"/> PPT Minutes (if applicable) |
| <input type="checkbox"/> Social Work Assessment
(if applicable) | <input type="checkbox"/> I.E.P (if applicable) |
| <input type="checkbox"/> Evaluation from outside agencies
(if applicable) | <input type="checkbox"/> Final Report Card |
| <input type="checkbox"/> Attendance Records | |

Date Requested: _____

Date

Parent/Guardian signature

Date

ATTENTION PARENTS: This form should be submitted directly to St. Martin de Porres Academy. Do **not** submit this form to the student's current school. St. Martin de Porres Academy will forward this to your child's school after we have received your completed application materials.

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