

APPLICATION FOR ADMISSION



2021-2022 School Year



Thank you for your interest in St. Martin de Porres Academy. We are a faith based NativityMiguel model middle school that provides tuition free, extended day education for underserved girls and boys from low-income families in the greater New Haven area. As an independent Catholic school, we are 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 St. Martin de Porres Academy & beyond
- Possess the desire to be their best self

The Admissions Process consists of four steps:

- 1. Complete the application and mail it to the school with your \$50.00 **nonrefundable application fee** (cash, money order or credit card **no personal checks** will be accepted), Copy of your 2020 taxes, and small photo of your child.
- 2. Once the application has been received, we will contact you to schedule a shadow day if COVID-19 restrictions allow.
- 3. The shadow day consists of an interview with the parent(s)/guardian(s), writing sample, and student interview.
- 4. A computer-based placement exam will be held on a Saturday Morning from 9:00am 12:00pm. Families will be notified about the date of the placement exam when once a shadow day has been scheduled.

All students accepted will be awarded a \$17,000.00 scholarship to attend St. Martin de Porres Academy. Students will be notified of their acceptance by the end of July. If you have any questions or concerns about the application process, please contact the school at 203-772-2424.

Sincerely,

Dr. Kelly O'Leary

Dr. Kily 022

Principal

Allison Rivera President

Allin Revero



APPLICATION FOR ADMISSION

Student Information

Street Address: City, State, Zip Code:	
City, State, Zip Code:	
Home Phone: () Cell Phone: ()	
Date of Birth: Age: Se	ex: MF
Current School:	
School Address:	
School Phone Number: () Current Grade:	
Principal: Entering Grade:	
Other Schools Attended:	
Name of School Grade(s) Dates A	1ttended
Name of School Grade(s) Dates A	Attended
Name of School Grade(s) Dates A	Attended
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 GUA	<u>RDIAN</u>		FATHER or GUARDIAN
Name:				
Relationship to stude	ent:			
Phone:				
Email:				
Occupation:				
Employer:				
Work Phone:				
Address (if differen	nt than child's):			
Student lives with_				Relationship:
Home phone:				Alternate phone:
Brothers/Sisters:				
	Name	Age	Grade	School
	Name	Age	Grade	School
	Name	Age	Grade	School
	Name	Age	Grade	School
Brothers/Sisters:	Name	Age	Grade	School



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	_ (total number of people living in the home)
Annual family income	(all sources)
Does your child qualify for the National School Lunch Pro	gram for this school year?
Did not participate	
Free	
Reduced	
Please note that while your child will receive a \$2 pay a monthly educational support fee which is described yearly equipment use fee. Educational support fee determined based on your child's eligibility for the are the educational support fees for the 2021-202 subject to change for the 2022-2023 school year.	lue by the 1st of every month in addition to a res are set at two different rates and will be ne National School Lunch Program. Below

<u>\$55 per month</u> or <u>\$550 per year</u> for free lunch eligibility + \$50 educational support fee (\$600 total) <u>\$65 per month</u> or <u>\$650 per year</u> for reduced lunch eligibility + \$50 educational support fee (\$700 total)

You MUST submit with this completed application your family's <u>2020 FEDERAL INCOME TAX RETURN (Form 1040 or 1040A)</u>, <u>SMALL PICTURE OF YOUR CHILD</u>, and \$50 NON-REFUNDABLE APPLICATION FEE

Please contact the school if you have any questions.



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-rela If yes, please check those that apply:	ted support services?		
Counseling (in school)	Resource Room	Speech/language thera	пру
Counseling (outside school)	ESL	Title 1 Math	
Title 1 Reading	Other (please specif	ý)	-
Please describe any specific circumstant Illness or physical handicap, particular school.) Please include documentation	learning difficulties, fa	mily circumstances, frequent ch	nanges in home or
Is there any illness or disability that imp	pacts the student's studie	es or participation in school activ	rities such as
physical education?IEP	504 Pla	ın	Illness
If yes, please indicate what they are (AI	OHD, dyslexia, asthma,	etc.) and explain modifications.	
Does the student wear glasses?Y	esNo Does the	e student wear hearing aids?	YesNo
Approximately how many days has the Please explain.	student been absent from	m school in the past two years? _	
List any activities/sports/clubs in which	the student is currently	a participant.	
Primary language spoken at home:			
Language(s), other than English, that str	udent reads and writes:		