



**APPLICATION
FOR
ADMISSION**



**2022-2023
School Year**

Transforming Lives through Education and Opportunity
208 Columbus Avenue • New Haven, CT 06519 • (203)772-2424 • saintmartinacademy.org



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 2021 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 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. If you have any questions or concerns about the application process, please contact the school at 203-772-2424.

Sincerely,

A handwritten signature in blue ink that reads "Dr. Kelly O'Leary".

Dr. Kelly O'Leary
Principal

A handwritten signature in purple ink that reads "Allison Rivera".

Allison Rivera
President



APPLICATION FOR ADMISSION
Student Information

Student's Name: _____
First Middle Last

Street Address: _____

City, State, Zip Code: _____

Parent Home Phone: (_____) _____ Parent 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: _____

Phone: _____

Email: _____

Occupation: _____

Employer: _____

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.



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 Program for this school year?

_____ Did not participate

_____ Free

_____ Reduced

Please note that while your child will receive a \$17,000 scholarship, families are responsible to pay a monthly educational support fee which is due by the 1st of every month in addition to a yearly equipment use fee.

\$50 per month or \$500 per year + \$50 educational support fee (\$550 total)

***You MUST submit with this completed application your family's
2021 FEDERAL INCOME TAX RETURN (Form 1040 or 1040A),
SMALL PICTURE OF YOUR CHILD, 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-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? **IEP** **504 Plan** **Illness**

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

Does the student wear glasses? Yes No Does the student wear hearing aids? 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: _____
