St. Martin de Porres
ACADEMY

APPLICATION FOR ADMISSION

2026-2027 School Year

Transforming Lives through Education and Opportunity
208 Columbus Avenue • New Haven, CT 06519 • Office: (203)772-2424 • Fax: 203-772-2425
• Website: www.saintmartinacademy.org

St. Martin de Porres ACADEMY

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 and be physically able to walk upstairs.
- 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 2025 taxes for everyone who works in the household, and small photo of your child.**
2. Once the application and signed records release has been received, we will contact you to schedule a shadow day and info session.
3. The shadow day consists of an interview with the parent(s)/guardian(s), writing sample, student interview and a placement exam.
4. Acceptance decisions will be made by the end of June.

All students accepted will be awarded a $18,000.00 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,

Dr. Kelly O'Leary
Principal

Allison Rivera
President

St. Martin de Porres ACADEMY APPLICATION

FOR ADMISSION

Student Information

Student's Name: _____
First Middle Last

Street Address: _____

City, State, Zip Code: _____

Parent Email: _____ Parent Cell Phone: (_____) _____

Date of Birth: _____ _____ _____ Age: _____ Sex: M____ F ____
Month Day Year

Current School: _____

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

Principal: _____ Entering Grade: _____

Other Schools Attended:_____ _____ _____
Name of School Grade(s) Dates Attended

_____ _____ _____
Name of School Grade(s) Dates Attended

_____ _____ _____
Name of School Grade(s) Dates Attended

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

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

_____

Religion: _____Parish/Church: _____

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Family Information

	MOTHER or GUARDIAN	FATHER or GUARDIAN
Name:		
Relationship to student:		
Phone:		
Occupation:		
Employer:		
Work Phone:		

Address (if different than child's):

_____ _____

_____ _____

Student lives with: _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Brothers/Sisters:

Name	Age	Grade	School

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

_____

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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 $18,000 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 **2025 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.

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Educational Information

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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: _____