

CLEVELAND'S CRISTO REY HIGH SCHOOL

— EST. 2003 —

Application for Admission 2019-2020 School Year

Mail or deliver applications to: Office of Admissions Saint Martin de Porres High School 6202 St. Clair Avenue Cleveland, OH 44103 Phone: (216) 881-5406 Fax: (216) 881-8303 Email: admissions@stmdphs.org You may also apply on-line at saintmartincleveland.org

Don't wait. Apply Today! Completed application must be received by April 26th for scholarship!

Saint Martin de Porres High School 2019-2020 Admissions Process

Deadlines for Applications

Early Decision	December 1, 2018
Priority Seating	
Scholarship Deadline	
Rolling Decision	June 30, 2019 (or until all spaces are filled)

Part 1 - Application Directions

Students attending any Catholic elementary schools must follow the Diocesan application process and should not use this form. Contact your current school for more information.

In order for your application to be processed, your file must include <u>ALL</u> the following items. We regret incomplete applications cannot be processed.

Q Records and Recommendation Forms - SUBMIT TO CURRENT SCHOOL

Submit Records Request form to student's current school requesting the documents below:

- Copy of Report Cards, discipline records, and attendance records from current year and one year previous
- Copy of most recent **Standardized Test scores**
- Two (2) completed Recommendation Forms from Math and ESL teachers
- 504, ETR/IEP records, if applicable

Parent Application for Admission Student must be 14 years of age by September 1, 2018 Student must be eligible to work in the United States

Financial Aid Form

Taxable or nontaxable income documentation from 2017 or 2018 when available (see Financial Aid Form for acceptable documentation)

Cleveland Scholarship Application / EdChoice Scholarship Application Must be completed and submitted BEFORE April 26th.

Part 2 - Interview and Registration

Applicants who submit completed applications and also meet the admissions criteria to be a Saint Martin student may move into the second part of the admissions process. The applicant and parent/guardian will be invited to interview with our Admissions staff. Registration paperwork may also be completed at time of interview, or a separate registration appointment may be set.

For Accepted Students Only

Part 3 - Family Orientation

□ Accepted students and their parent/guardian will be invited to attend our mandatory New Family Orientation event in Spring. The event date and time will be announced in January.

TAKE THIS FORM TO YOUR STUDENT'S CURRENT SCHOOL OFFICE

This form is for Public & Charter School Applicants Only

Catholic school applicants - do not submit this form to your school. Records are sent by your current school.





Permission for schools to release records to Saint Martin de Porres High School					
I/We authorize the release of records of my/our child's academic record to Saint Martin de Porres High School for <u>application</u> for the 2019-20 academic year.					
Parents/Guardians: Complete this form and return to your student's <i>current school</i> .					
Student's name:			Birth c	date:/	_/
Current school:			Cur	rrent grade:	
Name of parent/guardian: _		Phone:			
Home address:					
	Address	Apt.	City	State	Zip
Signature of parent/guardia	n			Date	

Instructions to the Current School

Dear School Official,

It is requested that copies of the following be released to Saint Martin de Porres High School as soon as possible. All documents listed are needed to complete the above student's <u>application</u> (**not enrollment**) at Saint Martin de Porres High School:

For 8th grade students:

- □ 7th grade report card/grades
- Current **8th grade** report cards/grades
- □ Standardized test scores (OAA/NWEA/Iowa)
- Attendance
- Disciplinary records
- Current ETR/IEP or 504 plan, if applicable

For transfer students:

- Current <u>AND</u> one year previous report cards
- □ State test scores
- Attendance
- Disciplinary records
- □ Current ETR/IEP or 504 plan, if applicable

We appreciate your providing this information to us in a timely manner so that we can make a well-informed decision on behalf of this student.

Mail to: Saint Martin de Porres High School Office of Admissions 6202 St. Clair Avenue, Cleveland, OH 44103

OR

Email to: admissions@stmdphs.org Phone: 216.881.5406 Fax: 216.881.8303



Teacher Recommendation Form

(Must be completed by a Math Teacher or Language Arts Teacher)

Student Name: _	
Teacher's Name:	
Course(s) Taught	
School:	

SCHOOL OFFICIAL Please complete and sign this section of the form. Feel free to attach additional sheets of paper if responding in depth to any portion of this section. Information on this form will remain confidential and will not be shared with parents or students. Please send this form directly to the Saint Martin de Porres High School Office of Admissions.

Academic Ability Verbal ability Mathematical ability Creative ability Intellectual curiosity Ability to grasp new concepts Written communications	Outstanding	Good G G G G G G G G G G G G G G G G G G	Avg.	Below Avg.	
Classroom Performance Classroom achievement Participation in discussions Writing mechanics Quality of written ideas Work habits Ability to follow directions Preparation for class	Outstanding	Good 	Avg.	Below Avg.	
Personal Abilities Maturity for grade Perseverance Self-confidence	Outstanding	Good D D	Avg.	Below Avg.	
School Behavior Motivation Ability to work in a group Ability to work independently Response to constructive feedback Willingness to seek needed help Attention span	Outstanding	Good 	Avg.	Below Avg.	

School Behavior (continued)	Outstanding	Good	Avg.	Below Avg.	N/A
Interaction with peers					
Respect for adults					
Conduct					
	Strongly Recommend	Recommend	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ommend with eservations	l Do Not Recommend
Academics					
Character					
Students enrolled at Saint Martin of program to fund a portion of the	-	'		,	-
Work					

Please circle the words that describe this student:

persistent	passive	responsible	organized	assertive	self-disciplined
irresponsible	distractible	follower	social	popular	negative leader
overprotected	loner	energetic	distracting	cheerful	positive leader
disobedient	confident	perfectionist	motivated	anxious	compassionate
humorous	vivacious	restless	devious	impulsive	conscientious
self-centered	honest	irritable	dishonest	articulate	easily discouraged
easily frustrated	manipulative	aggressive	other		-

Teacher Comments:		
	nted):	
Signature:		Date:
Email:	Tele	phone:
Please respond to:	Office of Admissions Saint Martin de Porres High School 6202 St. Clair Avenue Cleveland, OH 44103	Phone: (216) 881-5406 Email: admissions@stmdphs.org Fax: (216) 881-8303



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humorous	vivacious	restless	devious	impulsive	conscientious
self-centered	honest	irritable	dishonest	articulate	easily discouraged
easily frustrated	manipulative	aggressive	other		-

Teacher Comments:		
Evaluator's Name (prir	nted):	
Position/School:		
Signature:		Date:
Email:	Tele	phone:
Please respond to:	Office of Admissions Saint Martin de Porres High School 6202 St. Clair Avenue Cleveland, OH 44103	Phone: (216) 881-5406 Email: admissions@stmdphs.org Fax: (216) 881-8303

PARENT APPLICATION FOR ADMISSION

APPLICATION INSTRUCTIONS • Please type or print clearly. • Use blue or black ink. • Fill in all blanks provided.	SAINT MARTIN DE PORRES CLEVELAND'S CRISTO REY HIGH SCHOOL		
SECTION A: STUDENT'S PERSONAL DATA			
APPLYING FOR GRADE (circle one): 9th 10th 11th			
Full Name (as on Birth Certificate):	Initial Last		
Current School:			
Religion <i>(optional)</i> : Catholic Non-Catholic Birth Date:////			
Please mark racial and/or ethnic identity (optional)			
Black or African American UMultiracial Hispanic	or Latino		
Asian White Other			
Home Address:	y State Zip		
Primary Phone Number:Birthplace (City):		
Gender: 🗅 Male 🕞 Female			
Language spoken at home:Other language	s spoken:		
Student's Cell Phone (optional):			
Student Lives With: (Check all that apply.)			
	Grandfather 🛛 Aunt or Uncle		
□ Foster Care Provider □ Other-Relationship:			
Parent/Guardian's Current Marital Status: (Check all that apply.)			
□ Single Parent □ Parents Married □ Parents Together □ D	ivorced 📮 Separated		
□ Mother Remarried □ Father Remarried □ Mother Deceased □ Fa			
Will this student be the first in the <i>immediate</i> family to attend college	? Yes No		

SECTION B: FAMILY INFORMATION (to be completed by parent or guardian)						
Personal Data of Parent or Guardian 1						
Full Name:						
	First	Middle Ini	tial	Last		
Gender: 🛛 🗖 Male	🖵 Female	Er	iglish Speaker:	🖵 Yes	🗅 No	
	lf no, l	list preferred spoker	n language:			
Relationship to Student: Legal Guardian? 🛛 Yes 🖓 No				🛾 No		
Home Address:	Address				Ctata	7:
		,	City		State	Zip
Home Phone:			one:			
Work Phone:						
Employer:		Oc	cupation:			
Email Address:						
Please check the best	way to contact y	ou.				
Home Phone	Cell Phone	Work Phone	🗅 Email	🖬 Text Me	essage	
Personal Data of Pare	nt or Guardian 2					
Full Name:						
	First	Middle Ini	tial	Last		
Gender: 🛛 🖬 Male	🖵 Female	Er	iglish Speaker:	🖵 Yes	🗖 No	
	lf no, l	list preferred spoker	a language:			
Relationship to Studer	t:		Legal Guard	dian? 🛛	Yes	🛾 No
Home Address:						<u> </u>
						Zip
Home Phone:Cell Phone:						
Work Phone:						
Employer:Occupation:						
Email Address:						
Please check the best way to contact you.						
🗅 Home Phone	Cell Phone	UWork Phone	🖵 Email	🖵 Text Me	essage	

SECTION C: PARENT QUESTIONNAIRE (to be completed by parent or guardian)

List all schools the student has attended in the last THREE years:

(1)				
(1)	Current School	City, State Ye	ear(s) Attend	ed
(2)				
	School	City, State Ye	ear(s) Attend	ed
(3)	School	City, State Ye	ear(s) Attende	ed
(4)	School	City, State Ye	ear(s) Attend	ed
Learning	and Medical Profile (optiona			
Has the s	tudent been diagnosed with a	a learning disability?	🛾 Yes	🗖 No
Has the student been diagnosed with ADD or ADHD?			🖵 Yes	🗖 No
Has the student now or ever been enrolled in special education classes?			🖵 Yes	🗅 No
Has the student been enrolled in English as a Second Language (ESL) classes?			🛾 Yes	🗅 No
Does the student currently have, or ever had, an Individual Education Plan (IEP) or 504?			🖵 Yes	🗖 No
If Yes,	a copy of the IEP or 504 pla	n must be included with the application.		
lf you ans	swered YES to any of the que	stions above, please explain below.		
Househo	ld Income*			
How man	ny adults live in your house? _	Relationship(s) to child:		
How man	ny children live in your house?	Relationship(s) to child:		
Please ch	leck the most appropriate ran	ige of your total household income.		
🛾 Less th	an \$20,000 📮 \$20,001-	40,000 📮 \$40,001-60,000 📮 \$60,00)1-80,000	
🛾 Higher	than \$80,000			
* All applic	cant families are required to com	plete the Saint Martin de Porres High School Financial A	Aid Form.	

SECTION D: STUDENT QUESTIONNAIRE This must be completed in student's own handwriting, <i>without parental assistance</i> .				
Student Name:		Date:		
How did you first hear about Saint Ma	rtin de Porres High Schoo	ol? (check all that apply)		
Representatives visited my school	Clergy	Family member		
G Friend	Teacher, counselor	Community event (festival, fair, etc.)		
Received something in the mail	🗅 High School Night	Other		
For 8th grade students: What high school would you attend next year if you do not attend Saint Martin de Porres High School?				
What other schools are you applying to?				
(1)				
(2)				
(3)				



TRANSPORTATION FORM

Date:		Grade 2019-20:		
Student Info:				
Full Name:				
Home Address:		Apt#:		
City:		Zip Code:		
Parent/Guardian Info:				
Full Name:				
Home Phone:	ome Phone:Work Phone:			
Cell Phone:				
Email Address:				
 Select Preferred Transportation Option (please check one): RTA (Free Bus Passes Available to Cleveland Residents) School Bus/Van Transportation (AM Pickup Only from Designated Satellite Locations) * Carpool (Parent is willing to participate in organized carpool, if available) Parent/Student will be responsible for student's transportation to and from school Undecided * Saint Martin offers morning transportation on a limited basis, with pickup at designated stops. Routes are subject to change based on demand. A non-refundable \$25 fee PER SEMESTER is required for school transportation once the student's route has been determined. Students who do not ride for 5 consecutive days will be removed from route. 				
Office use only:				
Date form rec'd:	Sem. 1 Pym Rec'd:	Sem. 2 Pymt Rec'd:		
Route Assigned:		Bus Pass Approved: 🗖 YES 📮 NO		

IMPORTANT NOTE TO STUDENTS, PARENTS AND GUARDIANS:

Please review carefully and sign below.

I understand that Saint Martin de Porres High School is an academically challenging, Catholic school with a code of mandatory attendance, dress, and conduct. The hallmark of the school is its Corporate Work Study Program in which the students work one full day each week and a fifth day during the course of every month of the school year, excluding holidays and days when school is closed. I understand the student's earnings will be assigned to the Corporate Work Study Program to fund a portion of the cost of their high school education. I further understand that full participation of parents and guardians is necessary in order to fulfill requirements of the school.

Admission to Saint Martin de Porres High School is subject to our receipt of transcripts demonstrating successful completion of the applicant's current grade and satisfactory completion of our mandatory summer professional training program. Admission and enrollment decisions are made at the sole discretion of Saint Martin de Porres High School administration. I certify that the information furnished in this application is complete and accurate. Furthermore, I understand that if I knowingly provide false information, my child's admission may be jeopardized.

Student Signature

Parent/Guardian Signature

NOTA IMPORTANTE PARA ESTUDIANTES, PADRES O REPRESENTANTES:

Por favor revise cuidadosamente y firme a continuación.

Comprendo que la Escuela Superior San Martin de Porres es una escuela católica con un riguroso programa académico, que posee un código obligatorio de asistencia, vestimenta y conducta. La marca que diferencia está escuela es su Programa Corporativo de Estudio y Trabajo en el cual los estudiantes trabajan un día entero cada semana y un quinto día durante cada mes del año escolar, con excepción de los días feriados y los días en que no haya clase. Comprendo que lo que gane cada estudiante se asignará al Programa Corporativo de Estudio y Trabajo para financiar parte del costo de su educación. Afirmo que comprendo que la participación total de los padres y representantes es necesaria para cumplir los requisitos de la escuela.

La admisión a la Escuela Superior San Martin de Porres está sujeta al recibo de un certificado académico oficial que demuestre que el aspirante completó satisfactoriamente el grado actual y nuestro campamento de verano obligatorio. Las decisiones de admisión y matricula se realizan exclusivamente a discreción de la administración de la escuela San Martin de Porres. Certifico que la información proporcionada en esta aplicación es completa y precisa. Y, además, afirmo que si proveo información falsa, la admisión de mi hijo(a) será perjudicada.

Firma del Estudiante

Firma del Padre

Fecha

Date

Date

Fecha