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 .................................................................................................................. February 1, 2019
- Scholarship Deadline ............................................................................................................ April 26, 2019
- 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 **ALL** the following items. We regret incomplete applications cannot be processed.

- **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.
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 application for the 2019-20 academic year.

Parents/Guardians: Complete this form and return to your student’s current school.

Student’s name: _____________________________________________ Birth date: ____/____/____

Current school: _____________________________________________ Current grade: ________

Name of parent/guardian: ________________________________ Phone: ___________________

Home address: _____________________________________________

Address Apt. City State Zip

Signature of parent/guardian __________________________________ 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 application (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 AND 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:
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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

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**Students enrolled at Saint Martin de Porres High School are required to participate in a professional work-study program to fund a portion of their high school education. How would you rank the student’s work potential?**

**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:**

Evaluator’s Name (printed): __________________________________________________________________

Position/School: ___________________________________________________________________________

Signature: _______________________________________________________ Date: ________________

Email:__________________________________________ Telephone:  ______________________________

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Student Name: ____________________________________________________________________________
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Students enrolled at Saint Martin de Porres High School are required to participate in a professional work-study program to fund a portion of their high school education. How would you rank the student’s work potential?

Work

Please circle the words that describe this student:

dependent 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:

Evaluator’s Name (printed): _____________________________________________________________________

Position/School: ___________________________________________________________________________

Signature: _______________________________________________________ Date: ___________________

Email:__________________________________________ Telephone:  ________________________________

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PARENT APPLICATION FOR ADMISSION

APPLICATION INSTRUCTIONS
• Please type or print clearly.
• Use blue or black ink.
• Fill in all blanks provided.

SECTION A: STUDENT’S PERSONAL DATA

APPLYING FOR GRADE (circle one):          9th          10th          11th

Full Name (as on Birth Certificate): __________________________________________________________
First                     Middle Initial                     Last

Current School: __________________________________________________________________________

Religion (optional):  o Catholic  o Non-Catholic Birth Date: _______ / _______ / _______
            Month         Day         Year

Please mark racial and/or ethnic identity (optional)

o Black or African American  o Multiracial  o Hispanic or Latino
o Asian  o White  o Other ______________________

Home Address: __________________________________________________________________________
Address                       Apt.                        City                                State     Zip

Primary Phone Number: _________________________ Birthplace (City): ___________________________

Gender:  o Male  o Female

Language spoken at home: ______________________ Other languages spoken: ______________________

Student’s Cell Phone (optional): ____________________________________________________________

Student Lives With: (Check all that apply.)

o Mother  o Father  o Both Parents  o Grandmother  o Grandfather  o Aunt or Uncle
o Foster Care Provider  o Other–Relationship: ________________________________________________

Parent/Guardian’s Current Marital Status: (Check all that apply.)

o Single Parent  o Parents Married  o Parents Together  o Divorced  o Separated
o Mother Remarried  o Father Remarried  o Mother Deceased  o Father Deceased  o DYFS Custody

Will this student be the first in the immediate 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 Initial                               Last

Gender:  □ Male                     □ Female                      English Speaker:  □ Yes                     □ No

If no, list preferred spoken language: ______________________________________

Relationship to Student: ___________________________________________  Legal Guardian?  □ Yes                     □ No

Home Address: __________________________________________________________

Address                    Apt.                         City                             State       Zip

Home Phone: _______________________________ Cell Phone: _______________________________

Work Phone: _______________________________

Employer: _____________________________________ Occupation: ______________________________

Email Address: ____________________________________________________________

Please check the best way to contact you.

□ Home Phone       □ Cell Phone       □ Work Phone       □ Email       □ Text Message

Personal Data of Parent or Guardian 2

Full Name: _____________________________________________________________

First                               Middle Initial                               Last

Gender:  □ Male                     □ Female                      English Speaker:  □ Yes                     □ No

If no, list preferred spoken language: ______________________________________

Relationship to Student: ___________________________________________  Legal Guardian?  □ Yes                     □ No

Home Address: __________________________________________________________

Address                    Apt.                         City                             State       Zip

Home Phone: _______________________________ Cell Phone: _______________________________

Work Phone: _______________________________

Employer: _____________________________________ Occupation: ______________________________

Email Address: ____________________________________________________________

Please check the best way to contact you.

□ Home Phone       □ Cell Phone       □ Work Phone       □ Email       □ Text Message
SECTION C: PARENT QUESTIONNAIRE (to be completed by parent or guardian)

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

(1) ____________________________________________________________________________________
    Current School  City, State  Year(s) Attended

(2) ____________________________________________________________________________________
    School  City, State  Year(s) Attended

(3) ____________________________________________________________________________________
    School  City, State  Year(s) Attended

(4) ____________________________________________________________________________________
    School  City, State  Year(s) Attended

Learning and Medical Profile (optional)

Has the student been diagnosed with 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 plan must be included with the application.

If you answered YES to any of the questions above, please explain below.
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Household Income*

How many adults live in your house? _____  Relationship(s) to child: _____________________________
How many children live in your house? _____  Relationship(s) to child: ______________________________

Please check the most appropriate range of your total household income.
■ Less than $20,000  ■ $20,001-$40,000  ■ $40,001-$60,000  ■ $60,001-$80,000
■ Higher than $80,000

* All applicant families are required to complete the Saint Martin de Porres High School Financial Aid Form.
SECTION D: STUDENT QUESTIONNAIRE

This must be completed in student’s own handwriting, *without parental assistance*.

Student Name: ____________________________________________ Date: ________________

How did you first hear about Saint Martin de Porres High School? (check all that apply)

- Representatives visited my school  
- Clergy
- Clergy
- Family member

- Friend
- Friend
- Community event (festival, fair, etc.)

- Received something in the mail
- Teacher, counselor
- Other _______________

- High School Night
- High School Night

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:________________________________ 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

Comments: ________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________
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  Date

Parent/Guardian Signature  Date

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. Afirma 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 matrícula 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, afirma que si proveo información falsa, la admisión de mi hijo(a) será perjudicada.

Firma del Estudiante  Fecha

Firma del Padre  Fecha