Return to: St. Martin de Porres HS 6111 Lausche Ave. Cleveland, OH 44103 (216)-881-1689 PHONE (216)-881-8303 FAX

APPLICATION FOR ADMISSION STUDENT INFORMATION FORM

OFFICE USE ONLY
Grade
Date Tested
Date Received
PSAS

Saint Martin de Porres High School

A Cristo Rey Network School

Please print or type out your Student Information Form completely. 1. Student's Name _____ First Middle Last Social Security Number _____ Grade ____ Date of Birth ____/___ Birthplace ___ City State Gender Race/Ethnicity _____ (circle one) Religion _____ Parish/Church/Temple_____ (optional) (optional) 2. Current Year in School ___ 3. Name of School Currently Attending 4. Custodial Parent/Guardian Information Last Name _____ First Name(s) _____ Relationship to Student _____ Street Address _____ City _____ State ___ Zip ____ Home Phone (__) _____ Work Phone (__) ____ Cell Phone (__) ____ 5. What school subject do you most enjoy and why? _____ 6. List extracurricular activities or hobbies in which you participate.

7.		NAME	GRAD/ AGE	SCHOOL
	Brother(s)			
	Sister(s)		 -	
8.	List school hon	ors and distinctions you	u have received	during the past two years.
9.	What do you th	nink you might like to st	tudy in college?	
10	What colleges	are you currently inter	ested in attendir	
	What coneges	are year carrently inter	ostou iii uttoriuii	.9.
11.	What are your	career goals for after o	college?	
12.			ı have received s	such as educational tutoring
or e	emotional couns	seling.		
13.	How did you fi	rst hear about Saint Ma	artin de Porres H	igh School?

14. Three paragraph essay, to be written and signed by the student applicant on a separate sheet of paper in his or her own handwriting.

What Coming to Saint Martin de Porres Means to Me

<u>Paragraph 1:</u> Introduce yourself. Explain your background, your family, the school(s) you have attended and the things that you are interested in. This is a good place to tell a brief story about yourself or your life that expresses who you are.

Paragraph 2: Write about how you came to be at Saint Martin de Porres HS. Talk about the choices you had for High School and why you ultimately chose STMDPHS. What aspects of your personality and factors in your life make you a good fit for this school?

Tell the story of what happened and how you felt when you first learned about STMDPHS.

<u>Paragraph 3:</u> Tell your reading audience about how you will fit into the St. Martin de Porres HS community. Answer the following questions using examples and descriptions that are personal to you:

What am I excited about?

What do I hope to achieve at STMDPHS?

How will graduating from STMDPHS affect my future?

What challenges do I expect to encounter?

What kind of student do I plan to be?

How will attending STMDPHS contribute to my growth in mind, body and spirit?

How will I contribute to my school community while I am a student at STMDPHS?

How will I contribute to society with the things I learn and do at STMDPHS?

15. Give names of relatives or friends who attend St. Martin de Porres High School.
16. Father's Name Father's Date of Birth//
Father's Occupation/Job Title
Father's Place of Employment
Father's Home Address
StreetCityState Zip
Father's Home Phone () Father's Work Phone ()
Father's Cell Phone ()
17. Mother's Name Mother's Date of Birth//
Mother's Occupation/Job Title
Mother's Place of Employment
Mother's Home Address
StreetCityState Zip
Mother's Home Phone () Mother's Work Phone ()
Mother's Cell Phone ()
Please check () preferred mailing address above.
Other Items Needed for Completion of Information Form: (these items should be requested by parent from current school) * Most Recent 8 th Grade Report Card * School Record or Report Cards from 6, 7 and 8 th Grades * Teacher Recommendation Forms * Pastor or Personal Recommendation Form * Copy of Birth Certificate * Copy of Social Security Card * Results of St. Martin de Porres HS Skills Test * PSAS Form Completed
Mail or deliver completed Information Form to:
Saint Martin de Porres High School 6111 Lausche Ave. Cleveland, OH 44103

Return to: St. Martin de Porres HS OFFICE OF ADMISSION 6111 Lausche Ave. Cleveland, OH 44103 (216)-881-1689 PHONE (216)-881-8303 FAX

TEACHER RECOMMENDATION For Application for Admission

Work * Study * Serve * Lead * Pray
Saint Martin de Porres High School

A Cristo Rey Network School

To be completed by a current or recent teacher and returned directly to the Office of Admission

The student whose name appears below is applying for admission to Saint Martin de Porres High School. Your candid assessment of his or her academic performance, intellectual potential and personal qualities are vital to our admission process. Please be thorough and honest in completing the front and back of this Teacher Recommendation form. Thank you for your assistance.

Applicant's Name			
•	First	Middle	Last
Name of School Curre	ently Attending .		
Teacher's Name		Subject/	Dept
How well do you feel demanding college p		t is equipped to handle ulum?	
	level of achieve	ever? If not, do you be ment? Please give exa tential.	
		peers? Does he or she poort your assessment.	
	tructively and tr	eachers and other adule eat others with respect t.	

Please comment on this student's le college education.	vel of motiva	tion and	initiat	ive for _l
f accepted at Saint Martin de Porres vork in an entry-level clerical capac pay a portion of his or her tuition. F naturity and responsibility in relation pusiness setting.	ity in a profe Please comme	ssional on th	office se is stud	etting iı ent's le
n relation to other students you ha	ve taught, ho	w would	l you ra	ate the a
he following areas:				
	T			
CADEMIC	EXCELLENT	GOOD	FAIR	POOR
lass Participation				
oncentration/Depth of Perception				
omputational Skill				
reativity and Imagination				
uality of Daily Preparation				
ommunication Skills				
ntellectual Curiosity				
rganization and Use of Time				
eaction to Criticism				
ase of Learning				
ERSONAL	EXCELLENT	GOOD	FAIR	POOR
ocial and Emotional Maturity				
compatibility with Peers			<u> </u>	
ntegrity and Honesty				
lanners and Appearance				
elf-Respect				
espect for Others				
penness with Adults				
oncern with Issues Beyond School				
eadership				
agerness to Assume Responsibility				
amily Support				
			•	•
Your candid assessment of this stu		-		ce,
intellectual potential and personal				
admission process. Thank you for	•	_		
completing the front and back of the	nis Teacher R	ecomme	ndatio	n
form.				
Teacher's Signature		Date		

PLEASE RETURN TO: St. Martin de Porres HS OFFICE OF ADMISSION 6111 Lausche Ave. Cleveland, OH 44103 (216)-881-1689 PHONE (216)-881-8303 FAX

Applicant's Name _____

PASTOR RECOMMENDATIONFor Application for Admission

Work * Study * Serve * Lead * Pray
Saint Martin de Porres High School

A Cristo Rey Network School

	First	Middle	Last	
Name of Church				
Porres High Schoo accordance with the background informadmissions decisions	 We are a Cathone teachings of the nation on applicant on, we are asking y 	ove is applying for a lic, college preparat Roman Catholic Ch is so that we can ma rou to serve as a refo ough assessment of	ory high school op urch. In order to g ake the best possik erence for this stu	erating in gain ble
By my signature, I v community.	verify that the stud	ent listed above is a	an active member	of our faith
Pastor Signature				
Print Name				
Name of Church				
Religious Affiliation				
Please list and desc participates within y			bilities in which th	is applicant
Please share any int the admissions com applicant.				

PLEASE RETURN TO: St. Martin de Porres HS OFFICE OF ADMISSION 6111 Lausche Ave. Cleveland, OH 44103 (216)-881-1689 PHONE (216)-881-8303 FAX

PERSONAL RECOMMENDATION For Application for Admission

Work * Study * Serve * Lead * Pray
Saint Martin de Porres High School

To be completed by an adult who is not an immediate relative and who knows the applicant personally.

A Cristo Rey Network School

The student whose name appears below is applying for admission to Saint Martin de Porres High School. Your candid assessment of his or her character, motivation, and maturity is vital to the admissions process. Please be thorough and honest in completing the front and back of this Personal Recommendation form. Thank you for your assistance.

Applicant's Name			
	First	Middle	Last
Your Name			
Your relationship to	applicant		
How long have you k	nown the applicar	nt?	
			personality, initiative and tion with the applicant.
Please describe the a examples based on y			al maturity, using specific
			· · · · · · · · · · · · · · · · · · ·

would receive in taking on a demandin college education truly something that achieve?		ollege pr	eparat	ory curri	culum. Is a
In relation to other young people you hethe following areas? (please check one	category for	each ar	ea) ¯		applicant ir
Social and Emotional Maturity	EXCELLENT	GOOD	FAIR	POOR	
Social and Emotional Maturity Compatibility with Peers					
Integrity and Honesty					
Manners and Appearance					
Self-Respect					
Respect for Others					
Openness with Adults					
Openness with Adults Concern with Issues Beyond School					
Concern with Issues Beyond School Leadership					
Concern with Issues Beyond School Leadership Eagerness to Assume Responsibility					
Concern with Issues Beyond School Leadership					
Concern with Issues Beyond School Leadership Eagerness to Assume Responsibility	lent's charact process. Tha	nk you f	or beir		
Concern with Issues Beyond School Leadership Eagerness to Assume Responsibility Family Support Your candid assessment of this study maturity are vital to our admission of the study and though and honest in completing	lent's charact process. Tha	nk you f	or beir		

PLEASE RETURN TO: St. Martin de Porres High School OFFICE OF ADMISSION 6111 Lausche Ave. Cleveland, OH 44103 (216)-881-1689 PHONE (216)-881-8303 FAX

Request for Records

School Name:		
Address:		_
City:		-
Date:	_	
Student Name		Date of Birth

School Information

Directions to the School:

The above-named student has applied for admission to St. Martin de Porres High School. Would you please send:

- School report/transcript for current and prior years (including, as applicable, courses taken, grades received, and teacher comments),
- * Results of achievement and/or aptitude tests, and
- **❖** Attendance record
- Immunization records

To: St. Martin de Porres High School

Office of Admission 6111 Lausche Avenue

Cleveland, OH 44103

Phone: (216) 881-1689 Fax: (216) 881-8303

E-Mail: tcook@stmdphs.org

Web: www.stmartindeporreshs.org

Thank you for your help.