

Martin Luther School

Small School.  Smart Choice.

60-02 Maspeth Avenue, Maspeth, NY 11378 | 718.894.4000 | www.MartinLutherNYC.org

MIDDLE SCHOOL ADMISSIONS PROCESS

1. APPLICATION

- Submit Application for Admission
- Submit Copy of Birth Certificate
- Submit Pastoral Reference Form (*optional*)
- Submit \$50 Non-Refundable Application/Examination Fee

2. ACADEMIC RECORDS

- Submit Unofficial Transcript/Report Card
- Submit Middle School Records Request Form
- Submit Copy of Updated IEP/504 Plan (if applicable)

3. ENTRANCE EXAMINATION

- Contact MLS Admissions Office to Schedule Entrance Examination

4. INTERVIEW

- Schedule Interview with Admissions Office

5. DECISION

- Receive Admissions Decision

6. ENROLLMENT

- Submit \$500 Non-Refundable Tuition Deposit to Confirm Enrollment
- Accept Tuition Contract via Smart Tuition (\$50 annual set up fee)

7. FINANCIAL ASSISTANCE (*optional*)

- Complete Grant-In-Aid Application at www.tinyurl.com/MLSFacts
- Contact Finance Office to Request:
 - Supplemental Student Aid Questionnaire
 - Time and Talents Survey Form

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APPLICATION FOR ADMISSION - MIDDLE SCHOOL

Student Information

Name: _____ Grade Entering: 6 7 8
Last First Middle
Address: _____ Apt. No.: _____
City: _____ State: _____ Zip: _____
Phone: () _____ E-mail address: _____
Sex: M F Date of Birth: _____ Age: _____
City of Birth: _____ State of Birth: _____ Country of Birth: _____
Country of Citizenship: _____ Social Security No.: _____
Ethnicity (Optional): _____ How did you learn about MLS? _____

Church Information

Church Affiliation: _____ Location: _____
Date of Baptism: _____ Date of Confirmation: _____

Academic Information

Most Recent Elementary School: _____
City/State: _____ Grades Attended: _____

Most Recent Middle School: _____
City/State: _____ Grades Attended: _____

Transfer Students Only

State reason for transfer: _____

Family Information

Parent/Guardian #1

Name: _____

Relationship: _____

Telephone: () _____

Address: _____

Apt. No.: _____ City: _____

State: _____ Zip: _____

Student resides here

Home Phone: () _____

Cell Phone: () _____

Business Telephone: () _____

E-Mail Address: _____

Place of Birth: _____

Church Affiliation: _____

Occupation: _____

Company Name: _____

Parent/Guardian #2

Name: _____

Relationship: _____

Telephone: () _____

Address: _____

Apt. No.: _____ City: _____

State: _____ Zip: _____

Same address as Parent #1 Student resides here

Home Phone: () _____

Cell Phone: () _____

Business Telephone: () _____

E-Mail Address: _____

Place of Birth: _____

Church Affiliation: _____

Occupation: _____

Company Name: _____

***If applicable, please provide all documentation for custody arrangements**

Relatives who currently attend or have graduated from MLS and their relationship to the applicant:

Accommodations

Does the applicant have any learning disabilities as documented in an IEP/IESP or 504 Plan? Yes No

If yes, please explain below and provide all updated documentation for review.

Does the applicant suffer from any chronic diseases, physical limitations or a physical challenges? Yes No

If yes, please explain: _____

Are any medications administered during the school day? Yes No

Has the applicant ever received counseling?

Yes

No

If "yes" please explain here or later to the interviewer.

Additional Information

Has the applicant applied to Martin Luther School before? Yes - When? _____ No

Has the applicant ever been academically dismissed, suspended, or expelled? Yes No

If yes, please explain: _____

Certification of Accuracy

- I have read and understand the admissions procedure of Martin Luther School.
- I understand that my child's privileges as a member of the school family may be adjusted at the discretion of the staff.
- I confirm all information in this application (including any supplemental information) is factually true and honestly presented and that I am the person submitting this application.
- I understand that intentionally withholding information or providing inaccurate information will affect the final admissions decision.
- I acknowledge that this admissions decision can be rescinded at any point in time.

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

In response to the redeeming love of Jesus Christ, Martin Luther School challenges mind and body and shapes Christian character so that students succeed as God's people in this world.

Non-Discrimination Notice

Martin Luther School will not discriminate on the basis of gender, race, color, national and ethnic origin in the administration of student educational policies, admissions policies, scholarships, athletic and/or school administered programs for students.

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MIDDLE SCHOOL RECORDS REQUEST

Dear Parents:

In order for us to gain a better understanding of your child's academic achievement and potential, we need to review records from your child's current school and any previous schools. Please complete this form with your child's school information. This will authorize the release of all your child's records to Martin Luther School. In addition, it will authorize school personnel at Martin Luther to speak with school personnel at your child's current school if necessary. Please complete this form and return it to Martin Luther's Admissions Office, along with the completed Application for Enrollment. Thank you.

School Name: _____

Address: _____

Dear Principal:

Please release a copy of my child's academic, health, and psychological records for the past two years, including an IEP or 504 Plan, if any, to:

The Martin Luther School
60-02 Maspeth Avenue
Maspeth, NY 11378
Fax: 718-894-1469
Email: Admissions@MartinLutherNYC.org

Student Name: _____

Current Grade: _____ Grades (Years) Attended your School: _____

Thank you.

_____ Date: _____

(Signature of Parent/Guardian)

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PASTORAL EVALUATION FORM

Please be advised that this form is optional

A. To be completed by applicant:

Name: _____

Current Grade: _____ Date of Birth: _____

B. To be completed by pastor:

The student listed above has applied for admission to Martin Luther School. In considering this admission, we would appreciate your evaluation of this student. Please return this form directly to the attention of the Admissions Office.

Please rate the student in the following areas by checking the appropriate box:

	Exceptional	Above Average	Average	Poor	Unable to Answer
Motivation					
Concern for Others					
Responsibility					
Integrity					
Christian Attitude					

List the strengths of the applicant: _____

List the areas of possible improvement: _____

Student name: _____

How regular is this student in church and Sunday School activities? _____

Describe the spirituality level of the student and the family. (Is it High, Average, or Low?)

Please explain: _____

My recommendation for this student to Martin Luther School is:

- Strongly Recommended Generally Recommended Not Recommended

Additional comments related to the individual or family background which will assist our ministry to the applicant:

Name: _____ Date: _____

Signature: _____

Church: _____ City: _____

Telephone: _____

**Please return this form directly to MLS by mail, email (Admissions@MartinLutherNYC.org) or fax (718-894-1469).
Thank you for completing this recommendation.**
