

# Martin Luther School

Small School.  Smart Choice.

60-02 Maspeth Avenue, Maspeth, NY 11378 | 718.894.4000 | [www.MartinLutherNYC.org](http://www.MartinLutherNYC.org)

## HIGH 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 Regents Scores (if applicable)
- Submit Preliminary Academic Information Form to Current School
- Submit Academic Reference Form to two Current Teachers
- 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](http://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 - HIGH SCHOOL

### Student Information

Name: \_\_\_\_\_ Grade Entering:  9  10  11  12

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_  
Last First Middle

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 Middle/Junior High School: \_\_\_\_\_

City/State: \_\_\_\_\_ Grades Attended: \_\_\_\_\_

Most Recent High 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:

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## 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.

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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.

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## 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: \_\_\_\_\_

## Student Interests

My choice of Language is:

\_\_\_\_\_ German \_\_\_\_\_ Mandarin \_\_\_\_\_ Spanish

\_\_\_\_\_ American Sign Language

(please rank 1, 2, 3, 4 according to your preference)

I would like to play in the band this year:

Yes \_\_\_\_\_  
Musical Instrument

I would like to sing in the choir this year:

Yes  No

Please check if you are interested in any of the following:

### Extracurricular Activities

- |  |  |
|--|--|
| <input type="checkbox"/> Book Club             | <input type="checkbox"/> Health & Fitness Club |
| <input type="checkbox"/> Chapel Committee      | <input type="checkbox"/> International Club    |
| <input type="checkbox"/> Chess Club            | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Drama                 | <input type="checkbox"/> Photography           |
| <input type="checkbox"/> Foreign Language Club | <input type="checkbox"/> Student Government    |
| <input type="checkbox"/> Yearbook              |  |

### Cougar & Lady Cougar Athletics

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Baseball      | <input type="checkbox"/> Softball   |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Tennis     |
| <input type="checkbox"/> Cheerleading  | <input type="checkbox"/> Track      |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Wrestling  |

## 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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## PRELIMINARY ACADEMIC INFORMATION

A. To be completed by applicant:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

I hereby grant permission for the information requested to be released to Martin Luther School

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

B. To be completed by appropriate school authority and returned directly to Martin Luther School:

**STANDARDIZED TEST SCORES** (Please record scores below or attach score report):

	Test Date	Test Name	Taken in Grade	Percentile
Total Reading				
Total Mathematics				
Total Language				

**REPORT CARD GRADES** (Please list grades or attach current academic records):

Date of last report card: \_\_\_\_\_ Your school's passing grade is: \_\_\_\_\_

Subject	Previous Academic Year	Present Academic Year	Honors	Accelerated
	Grade: _____	Grade: _____		
English			<input type="checkbox"/>	<input type="checkbox"/>
Social Studies			<input type="checkbox"/>	<input type="checkbox"/>
Mathematics			<input type="checkbox"/>	<input type="checkbox"/>
Science			<input type="checkbox"/>	<input type="checkbox"/>
Foreign Language			<input type="checkbox"/>	<input type="checkbox"/>

**ATTENDANCE** (For the most recently completed school year):

Days absent: \_\_\_\_\_ Days late: \_\_\_\_\_

**CURRENT ACADEMIC COURSES**

Subject	Course Title	Testing
Mathematics		<input type="checkbox"/> Will take Regents exam
Science		<input type="checkbox"/> Will take Regents exam
Foreign Language		<input type="checkbox"/> Will take Proficiency exam

**PLACEMENT**

Student is in:

ESL/Bilingual                       Remedial/Resource Room

Is student recommended for ESL?  Yes                       No

Student's home language: \_\_\_\_\_

Date of US entry: \_\_\_\_\_

**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 handicap?  Yes  No

If yes, please explain: \_\_\_\_\_

Pupil has significant personal or social needs:  Yes  No

*(Please provide description below.)*

Check if you wish to give additional information by telephone.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Telephone: \_\_\_\_\_



Additional remarks:

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

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## ACADEMIC REFERENCE FORM

### A. To be completed by applicant:

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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### B. To be completed by recommender:

**This form is to be completed by the appropriate school authority and returned directly to the attention of the Admissions Office.** The student listed above has applied for admission to Martin Luther School. In considering this admission, we would appreciate your evaluation of this student.

	Exceptional	Acceptable	Unacceptable
Academic Performance			
Attendance			
Discipline/ Conduct			
Test Performance			
Personality			

Are there any physical or learning disabilities that require special consideration by the school, especially the classroom teacher?

No  Yes (Please explain): \_\_\_\_\_

---

Describe the relationship the applicant has with teachers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the personality traits of the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the strengths of the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the weaknesses of the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this student for admission?

Yes  No If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check here if you would like a member of the Admissions Committee to contact you concerning additional information.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional remarks:



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## ACADEMIC REFERENCE FORM

### A. To be completed by applicant:

Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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### B. To be completed by recommender:

**This form is to be completed by the appropriate school authority and returned directly to the attention of the Admissions Office.** The student listed above has applied for admission to Martin Luther School. In considering this admission, we would appreciate your evaluation of this student.

	Exceptional	Acceptable	Unacceptable
Academic Performance			
Attendance			
Discipline/ Conduct			
Test Performance			
Personality			

Are there any physical or learning disabilities that require special consideration by the school, especially the classroom teacher?

No  Yes (Please explain): \_\_\_\_\_

---

Describe the relationship the applicant has with teachers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the personality traits of the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the strengths of the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List the weaknesses of the applicant: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you recommend this student for admission?

Yes  No If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check here if you would like a member of the Admissions Committee to contact you concerning additional information.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional remarks:

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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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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Thank you for completing this recommendation.**

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