



Our Sisters' School

145 Brownell Avenue
New Bedford, MA 02740

T: 508-994-1255
F: 508-994-1355
www.OurSistersSchool.org
2017-2018

Dear Prospective Family,

Thank you for considering Our Sisters' School. Enclosed you will find a complete packet of application materials for the 2017-2018 year. To become a candidate for admission you must return the completed application form and the remaining sections of this application packet.

Application Checklist

Families, **keep this checklist** to help you track the application process.

Application for Admission - returned to OSS

- ___ Application for Admission Form
- ___ Income Verification. One of the following (no exceptions)
 - ___ Copy of your 2016 Tax Returns: Form 1040
 - ___ Letter from TAFDC
 - ___ Letter from SSI

Records Release Forms

- ___ School Transcripts
- ___ Medical

Release Forms: Please fill in the applicant's information then sign and date where requested and send forms to your daughter's current school and primary care physician. If you are unable to do so send the SIGNED forms to OSS and we will submit them on your behalf.

Recommendation Letters Requested

Recommendations: Please give to teachers, and community member, to return directly to OSS in the envelope provided.

- ___ Current Teacher Name/Grade: _____
- ___ Former Teacher Name/Grade: _____
- ___ Adult Community Member Name: _____
(teacher at an after school or Relationship: _____
extracurricular program, athletic coach,
tutor, etc.)

Please note that students will be scheduled for the admissions interview only after **ALL** pieces of the application have been completed and received. All completed applications **will be reviewed on a rolling admissions basis**. If you have any questions regarding the application process, please feel free to contact Blanca Santiago, Administrative Assistant at 508-994-1255. We look forward to reading your application and to meeting with you.



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Application for Admission 2017-2018

Student Information

Last Name: _____ First Name: _____ Middle Name: _____ Nickname: _____

Applying for Grade: 5 6 7 8 How did you hear about us? _____

Home Address: _____

Street City State Zip Code

Mailing Address (if different): _____

Street City State Zip Code

Date of Birth (mm/dd/yyyy): _____ Country of Birth: _____ Primary Language Spoken at home: _____

Please identify the student as a member of one or more of the groups listed below. Please check all that apply (optional):

- () African American () European American/Portuguese () Asian/Pacific Islander American
 () Native American () Cape Verdean () Middle Eastern American
 () Caucasian () Latina/Hispanic American () Other (please specify): _____

Family Information

	Parent/Guardian	Parent/Guardian
Relationship:	_____	_____
Name:	_____	_____
Occupation:	_____	_____
Employer:	_____	_____
Position:	_____	_____
Work Phone:	_____	_____
Home Address:	_____	_____
City State Zip:	_____	_____
Home Phone:	_____	_____
Cell Phone:	_____	_____
Email Address:	_____	_____

Check if appropriate: () Mother deceased () Parents separated () Mother remarried () Single-parent household
(check all that apply) () Father deceased () Parents divorced () Father remarried

Applicant lives with: () Birth mother () Birth father () Step parent () Adoptive parent () Foster parent
(check all that apply) () Grandparent () Legal guardian

Please list the names of the adults who have legal custody to make educational decisions for this child? _____

To whom should admission correspondence be sent? _____



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Application for Admission (Page 2)

Student's Name: _____

Family Information (continued)

Please list ALL those that live in your household and their relationship to the student applicant:

- | | | | |
|----------------|---------------------|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ | 2. Name: _____ | Relationship: _____ |
| 3. Name: _____ | Relationship: _____ | 4. Name: _____ | Relationship: _____ |
| 5. Name: _____ | Relationship: _____ | 6. Name: _____ | Relationship: _____ |

Our Sisters' School is a tuition-free school seeking to enroll low-income students from the Greater New Bedford area. Family income is a factor considered in our admissions decisions. **Annual Family Income: \$ _____**

Is your family eligible for foods stamps (SNAP)? Yes No

Are you receiving Temporary Assistance to Needy Families (TANF formerly TAFDC)? Yes No

OSS uses the MA Fuel Assistance Guidelines as a measure for income eligibility. To be eligible for fuel assistance, your household's gross income must be less than or equal to 60% of the estimated state median income for your household size, as shown below in the 2015 Fuel Assistance Income Limits.

Household of 2	\$42,654.00	Household of 3	\$52,691.00	Household of 4	\$62,727.00
Household of 5	\$72,736.00	Household of 6	\$82,800.00	Household of 7	\$84,681.00
Household of 8	\$86,563.00	Household of 9	\$88,445.00	Household of 10	\$90,327.00

Please note: Copies of your current Federal Income Tax Return (Form 1040 or equivalent) must be submitted with this application. If you do not file tax returns, you must submit an authorized letter or form from a state or federal agency stating your sources and amounts of income aid. **We will not admit students without current family income information.**

Academic Information

Current School: _____ Telephone: _____

Grade(s) Attended: _____ Date(s): _____

School Address: _____
Street City State Zip

Previous School: _____ Telephone: _____

Grade(s) Attended: _____ Date(s): _____

School Address: _____
Street City State Zip

Signature of Parent/Guardian

We have provided accurate information and agree that Our Sisters' School may contact the schools listed herein for further information. If this application leads to the applicant's attendance at Our Sisters' School, we agree to adhere to the policies and regulations of Our Sisters' School as set by the Board of Trustees and as administered by the Head of School and Staff.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



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Authorization to Disclose Protected Health Information

To: Primary Care Physician

Physician Name: _____

Physician Address: _____
Street City State Zip

As the parent/legal guardian of (student) _____, I hereby authorize the above named physician to disclose the following protected health information from the medical record of the patient listed below to Our Sisters' School, Inc. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

Patient Name: _____ **Date of Birth:** _____

Address: _____
Street City State Zip

Please disclose the following to Our Sisters' School, Inc.:

1. Current physical
2. Updated immunization records
3. List of all medical conditions
4. List of all known allergies.
5. List of current medications including dosage and schedule.

By signing this release form, I certify that I understand the above information is disclosed for the purpose of admissions to Our Sisters' School, and that I may revoke this authorization at any time by requesting such of Our Sisters' School, Inc. in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

Signature of Parent/Guardian or Legal Representative

Date

Printed Name of Parent/Guardian or Legal Representative

Relationship to Patient or Authority to act for Patient

This authorization will expire in one year from the date of signing, unless otherwise indicated.

Please forward record to:

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Fax: 508-994-1355



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Authorization to Release Transcripts

To: Principal/Guidance Counselor

School Name: _____

School Address: _____
Street City State Zip

As the parent/legal guardian of (student) _____, I hereby authorize the above named school to disclose the following information from the school records of the child listed below to Our Sisters' School, Inc. I understand that information used or disclosed pursuant to this authorization could be subject to redisclosure by the recipient and, if so, may not be subject to federal or state law protecting its confidentiality.

Student's Name: _____ **Date of Birth:** _____

Address: _____
Street City State Zip

Please release the following to Our Sisters' School, Inc.:

1. **Current and previous report cards (K-most current marking period)**
2. **Attendance (K-most current marking period)**
3. **All standardized test scores, including: MCAS/PARCC – Grade 3, MCAS/PARCC – Grade 4, and MCAS/PARCC– Grade 5 (if applying for Grade 6th – 8th).**
4. **Psychological and educational evaluations**
5. **IEP/Special Education Records**

By signing this release form, I certify that I understand the above information is disclosed for the purpose of admissions to Our Sisters' School, and that I may revoke this authorization at any time by requesting such of Our Sisters' School, Inc. in writing, unless action has already been taken in reliance upon it, or during a contestability period under applicable law.

Signature of Parent/Guardian or Legal Representative

Date

Printed Name of Parent/Guardian or Legal Representative

Relationship to Patient or Authority to act for Patient

This authorization will expire in one year from the date of signing, unless otherwise indicated.

To sending school: Please submit the student's records as soon as possible. They will not be able to interview until all this documentation is received. Thank you for your help!

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Current Teacher Recommendation

(Applicant) _____, in grade _____, is a candidate for admission to Our Sisters' School. Your careful evaluation will help us in our consideration of the applicant's potential for success at Our Sisters' School. Your answers to these questions will be kept in confidence. Please return this form in the enclosed envelope as soon as possible. Thank you for your help!

1. How long and in what capacity have you known this student? _____

Academic Qualities

2. Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

	Excellent	Good	Average	Below Average	Not Noted
Motivation/Effort					
Class Participation					
Organizational Skills					
Oral & Written Skills					
Listens To & Follows Directions					

3. In your estimation, is the student's record of standardized testing an accurate reflection of her potential for academic success? ()

Yes () No Please explain: _____

On which tests are you basing this assessment? _____

Personal Qualities

4. Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

	Excellent	Good	Average	Below Average	Not Noted
Concern for Others					
Leadership Potential					
Responsibility/Integrity					
Intellectual Curiosity					
Emotional Maturity					
Relationships w/ Peers					
Relationships w/Adults					
Conduct/Behavior					

5. On an average week, what are the things this student needs support with? (For example completing their classwork, sitting still, following directions, interacting with others) etc. : _____



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Current Teacher Recommendation (page 2)

Student's Name: _____

Additional Comments

6. _____

Overall Recommendation

7. How do you recommend this student?

	Without Reservation	Strongly	With Reservation	Do Not Recommend
As a Student				
As a Person				

8. Size of the student body at your school: _____ Average # of students per class: _____

Contact Information

Name: _____ Title: _____

School: _____

Address (City, State, Zip): _____

Email: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Please contact me for additional information.



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Former Teacher Recommendation

(Applicant) _____, was your student in grade _____. She is currently a candidate for admission to Our Sisters' School. Your careful evaluation will help us in our consideration of the applicant's potential for success at Our Sisters' School. Your answers to these questions will be kept in confidence. Please return this form in the enclosed envelope as soon as possible. Thank you for your help!

1. How long and in what capacity have you known this student? _____

Academic Qualities

2. Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

	Excellent	Good	Average	Below Average	Not Noted
Motivation/Effort					
Class Participation					
Organizational Skills					
Oral & Written Skills					
Listens to & Follows Directions					

3. In your estimation, is the student's record of standardized testing an accurate reflection of her potential for academic success? ()

Yes () No Please explain: _____

On which tests are you basing this assessment? _____

Personal Qualities

4. Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

	Excellent	Good	Average	Below Average	Not Noted
Concern for Others					
Leadership Potential					
Responsibility					
Personal Integrity					
Emotional Maturity					
Relationships w/ Peers					
Relationships w/Adults					
Conduct/Behavior					

5. On an average week, what are the things this student needs support with? (For example completing their classwork, sitting still, following directions, interacting with others) etc. : _____



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Former Teacher Recommendation (page 2)

Student's Name: _____

Additional Comments

6. _____

Overall Recommendation

7. How do you recommend this student?

	Without Reservation	Strongly	With Reservation	Do Not Recommend
As a Student				
As a Person				

8. Size of the student body at your school: _____ Average # of students per class: _____

Contact Information

Name: _____ Title: _____
School: _____
Address (City, State, Zip): _____
Email: _____
Phone: _____ Fax: _____
Signature: _____ Date: _____

Please contact me for additional information.



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Adult Community Member Recommendation (*Optional*)

(Applicant) _____ is currently a candidate for admission to Our Sisters' School. Your careful evaluation will help us in our consideration of her potential for success at Our Sisters' School. Your answers to these questions will be kept in confidence. Please return this form in the enclosed envelope as soon as possible. Thank you for your help!

1. How long and in what capacity have you known this student? _____

Academic Qualities (if applicable)

2. Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

	Excellent	Good	Average	Below Average	Not Noted
Motivation/Effort					
Intellectual Curiosity					
Work Habits					
Oral & Written Skills					
Listens To & Follows Directions					

Personal Qualities

3. Please evaluate this applicant in the following areas in relation to other students of the same age by placing a check under the rating that best expresses your sense of her:

	Excellent	Good	Average	Below Average	Not Noted
Concern for Others					
Leadership Potential					
Responsibility					
Personal Integrity					
Emotional Maturity					
Relationships w/ Peers					
Relationships w/Adults					
Conduct/Behavior					

4. On an average week, what are the things this student needs support with? (For example completing their classwork, sitting still, following directions, interacting with others) etc. : _____



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Community Member Recommendation (pg 2) Student's Name: _____

Additional Comments

5. _____

Overall Recommendation

6. How do you recommend this student?

	Without Reservation	Strongly	With Reservation	Do Not Recommend
As a Student				
As a Person				

Contact Information

Name: _____ Title: _____
 School or Program Name: _____
 Address (City, State, Zip): _____
 Email: _____
 Phone: _____ Fax: _____
 Signature: _____ Date: _____

Please contact me for additional information.

Our Sisters' School, Inc. admits students of any race, color, national or ethnic origin to the all the rights, privileges and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs. Our Sisters' School, Inc. employs personnel of any race, color, national or ethnic origin to all the rights, privileges and activities generally accorded or made available to personnel at the school.