Dear Prospective Family,

Thank you for considering Our Sisters’ School. Enclosed you will find a complete packet of application materials for the 2020-2021 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 2019 Tax Returns: Form 1040 (Due after February break)

_______ 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

_____ Current Teacher Name/Grade: ____________________________

_____ Former Teacher Name/Grade: ____________________________

_____ Adult Community Member

(teacher at an after school or extracurricular program, athletic coach, tutor, etc.)

Name: ____________________________

Relationship: __________________

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, Admissions Coordinator at 508-994-1255. We look forward to reading your application and to meeting with you.
**Application for Admission 2020-2021**

### Student Information

| Last Name: ___________________ | First Name: ___________________ | Middle Name: __________ | Nickname: _______________
|-------------------------------|---------------------------------|-------------------------|-------------------------|

Applying for Grade: [ ] 5 [ ] 6 [ ] 7 [ ] 8  How did you hear about us? __________________________________________________________________________

Home Address: __________________________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Mailing Address (if different): _____________________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Date of Birth (mm/dd/yyyy): ______________ Birthplace: ____________ 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):

- [ ] Asian/Pacific Islander
- [ ] Caucasian
- [ ] Cape Verdean
- [ ] African American
- [ ] Latinx/Hispanic
- [ ] Middle Eastern
- [ ] Indigenous/Native American
- [ ] Portuguese/Azorean/European
- [ ] Other (please specify): _______________________

### Family Information

<table>
<thead>
<tr>
<th>Parent/Guardian</th>
<th>Parent/Guardian</th>
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</thead>
<tbody>
<tr>
<td>Relationship:</td>
<td></td>
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<tr>
<td>Name:</td>
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<tr>
<td>Occupation:</td>
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<td>Employer:</td>
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<td>Position:</td>
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<td>Work Phone:</td>
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<td>Home Address:</td>
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<td>City State Zip:</td>
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<tr>
<td>Home Phone:</td>
<td></td>
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<tr>
<td>Cell Phone:</td>
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<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

Check if appropriate:  

- [ ] Mother deceased  
- [ ] Father deceased  
- [ ] Parents separated  
- [ ] Parents divorced  
- [ ] Mother remarried  
- [ ] Father remarried  
- [ ] Single-parent household

Applicant lives with:  

- [ ] Birth mother  
- [ ] Birth father  
- [ ] Step parent  
- [ ] Adoptive parent  
- [ ] Foster parent  
- [ ] Grandparent  
- [ ] Legal guardian

Check all that apply

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? __________________________________________________________

---

Our Sisters’ School, Inc. admits girls as students to the School regardless of their race, color, national or ethnic origin, religion, creed, or sexual orientation. The School does not discriminate on the basis of race, color, national or ethnic origin, religion, creed, or sexual orientation in administration of its educational policies, admissions policies, scholarships programs, athletic or other school administered program. Our Sisters’ School, Inc. employs personnel of any race, color, national or ethnic origin, gender identity, religion, creed, and sexual orientation to all the rights, privileges and activities generally accorded or made available to personnel at the School.
Family Information (continued)

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

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<tr>
<th></th>
<th>Name</th>
<th>Relationship</th>
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</table>

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 food 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 2019 Fuel Assistance Income Limits.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Income Limit</th>
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<tr>
<td>2</td>
<td>$46,437.00</td>
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<tr>
<td>3</td>
<td>$57,363.00</td>
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<tr>
<td>4</td>
<td>$68,289.00</td>
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<td>$79,215.00</td>
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<td>$90,141.00</td>
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<td>$92,190.00</td>
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<td>8</td>
<td>$94,239.00</td>
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<td>9</td>
<td>$96,287.00</td>
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<td>10</td>
<td>$98,336.00</td>
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</table>

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: ___________________________
Authorization to Disclose Protected Health Information

To: Primary Care Physician

Physician Name: ________________________________

Physician Address: ________________________________

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: ________________________________

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:

Our Sisters’ School, Inc.
145 Brownell Avenue
New Bedford, MA 02740
E: bsantiago@oursistersschool.org
Our Sisters’ School, Inc. admits girls as students to the School regardless of their race, color, national or ethnic origin, religion, creed, or sexual orientation. The School does not discriminate on the basis of race, color, national or ethnic origin, religion, creed, or sexual orientation in administration of its educational policies, admissions policies, scholarships programs, athletic or other school administered program. Our Sisters’ School, Inc. employs personnel of any race, color, national or ethnic origin, gender identity, religion, creed, and sexual orientation to all the rights, privileges and activities generally accorded or made available to personnel at the School.
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 is documentation is received. Thank you for your help!

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145 Brownell Avenue
New Bedford, MA 02740
E: bsantiago@oursistersschool.org
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Our Sisters’ School
145 Brownell Avenue
New Bedford, MA 02740

T: 508-994-1255
E: bsantiago@oursistersschool.org
www.OurSistersSchool.org
2020-2021

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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? ____________________________________________

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:

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Noted</th>
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<tbody>
<tr>
<td>Motivation/Effort</td>
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<tr>
<td>Class Participation</td>
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<td>Organizational Skills</td>
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</table>

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? ____________________________

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:

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<td>Leadership Potential</td>
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<td>Responsibility/Integrity</td>
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<td>Intellectual Curiosity</td>
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<td>Emotional Maturity</td>
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<td>Relationships w/ Peers</td>
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<tr>
<td>Relationships w/Adults</td>
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<tr>
<td>Conduct/Behavior</td>
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</table>

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. :
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________
Current Teacher Recommendation (page 2)

<table>
<thead>
<tr>
<th>Student's Name:</th>
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Additional Comments

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Overall Recommendation

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<tr>
<th>7. How do you recommend this student?</th>
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<td>Without Reservation</td>
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<tr>
<td>As a Student</td>
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<tr>
<td>As a Person</td>
</tr>
</tbody>
</table>

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.
# Former Teacher Recommendation

(Investigating Student) __________________________________________, 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:

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<thead>
<tr>
<th></th>
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</tbody>
</table>

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:

<table>
<thead>
<tr>
<th></th>
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<th>Good</th>
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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)

### Additional Comments

6. 

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### Overall Recommendation

7. How do you recommend this student?

<table>
<thead>
<tr>
<th>Without Reservation</th>
<th>Strongly</th>
<th>With Reservation</th>
<th>Do Not Recommend</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a Student</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>As a Person</td>
<td></td>
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</tbody>
</table>

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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Our Sisters’ School, Inc. admits girls as students to the School regardless of their race, color, national or ethnic origin, religion, creed, or sexual orientation. The School does not discriminate on the basis of race, color, national or ethnic origin, religion, creed, or sexual orientation in administration of its educational policies, admissions policies, scholarships programs, athletic or other school administered program. Our Sisters’ School, Inc. employs personnel of any race, color, national or ethnic origin, gender identity, religion, creed, and sexual orientation to all the rights, privileges and activities generally accorded or made available to personnel at the School.
**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? ____________________________

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:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Noted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motivation/Effort</td>
<td></td>
<td></td>
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<tr>
<td>Intellectual Curiosity</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Work Habits</td>
<td></td>
<td></td>
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<tr>
<td>Oral &amp; Written Skills</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Listens To &amp; Follows Directions</td>
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</table>

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:

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<tbody>
<tr>
<td>Concern for Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership Potential</td>
<td></td>
<td></td>
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<tr>
<td>Responsibility</td>
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<td>Personal Integrity</td>
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<td>Emotional Maturity</td>
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<tr>
<td>Relationships w/ Peers</td>
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<tr>
<td>Relationships w/Adults</td>
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<tr>
<td>Conduct/Behavior</td>
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</tbody>
</table>

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)  

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<tr>
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Overall Recommendation

6. How do you recommend this student?

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Contact Information

Name: ___________________________________________  Title: ___________________________

School or Program Name: _________________________________________________

Address (City, State, Zip): _____________________________________________

Email: ___________________________________________  Phone: _______________________

Fax: ___________________________________________  Date: _________________________

☐ Please contact me for additional information.