

Bishop Dunn Memorial School
50 Gidney Avenue
Newburgh, NY 12550
(845)569-3494 * Fax: (845)569-3303

Dear Parents/Guardians,

Thank you for your interest in Bishop Dunn Memorial School. Enclosed is an application package and brochure with details about our school. We ask that you complete **all** the information on the application form and include a current record of immunizations and your child's birth certificate in order to ensure the application process is complete.

As required by New York State law, all students attending Pre-K must be 4 years of age and Kindergarten students must be 5 years of age by December 1st of the year the child is beginning school. All students completing an application for our Pre-K and Kindergarten programs will be required to participate in a readiness screening. Parents will be notified of the screening results by mail. A conference will be scheduled if results indicate further evaluation is needed.

Acceptance is normally based upon the presence of siblings in the school and space available based on the date of a completed application. However, **other factors are considered**, including the make-up of the class, as well as the judgment by school officials that the school will be able to meet a new student's academic and developmental needs. Each child in grades 1-8 will be required to come in for a class visit where he/she will be observed by the classroom teacher. Parents are also asked to supply copies of standardized tests, IEP's and recent report cards prior to their child's visit.

If you need more information please contact Mrs. Fran Lego or Mrs. Maureen Terwilliger at (845) 569-3494/6 or you may email them at frances.lego@bdms.org and Maureen.terwilliger@bdms.org. Mrs. Terwilliger conducts walk-in tours of our school every Tuesday we are in session beginning at 9:00 AM.

Again, thank you for your interest in Bishop Dunn Memorial School, and we hope to hear from you soon.

Sincerely,

James DeViscio, Principal

2011-2012 FINANCES AND TUITION INFORMATION SHEET

Dear Bishop Dunn Program Applicants,

In addition to providing our school's tuition rates for the coming year, which are detailed at the end of this note, some information has been included below to provide an explanation about some key factors that affect the annual budget and the current tuition rate structure.

Q: How does Bishop Dunn's tuition rates compare with the cost of educating students in public schools?

A: To put this question in perspective, consider that public schools in the area spend as much as \$12,000 to \$18,000 per student annually, while we do as good a job – we actually think we do a better one in many ways – for less than half that amount. As it is, our teachers make far less than their public school counterparts and also, unfortunately, continue to lag behind in salaries and benefits compared to those paid at neighboring archdiocese/parish supported schools. Despite this, we are able to maintain an extremely knowledgeable and seasoned staff with most of our teachers having served here from 10 to 20 years or more.

Q: Why does Bishop Dunn need to charge more tuition than similarly structured parochial schools in the region?

A: The main reason that some parochial schools in the area can charge less tuition is that their parishes subsidize a sizeable portion of the cost of educating children in their schools. While tuition charged to parish families at many area Catholic schools is still lower than Bishop Dunn's, interestingly tuition rates charged to "out-of-parish" students, whose parents do not help subsidize education through their Sunday Mass offerings, are often higher than at our school.

Q: How do Bishop Dunn's tuition rates compare with other area private schools?

A: Very favorably. While we offer many resources and services that are comparable to some of the better private schools in the area, we have managed to keep our tuition rates lower than many of them. Annual 2011-2012 rates for other private elementary schools in the Mid-Hudson region range from over \$7,000 to more than \$16,000 per year.

Q: How does Mount Saint Mary College help defray costs at Bishop Dunn?

A: Mount Saint Mary College has been an invaluable resource over the years for Bishop Dunn, sharing its facilities at no cost for many of our special programs, and making available all levels of administrative and staff assistance. And while the college also provides a large annual subsidy in excess of \$250,000 in the form of building and grounds maintenance support without billing the school for such services, its administrators have consistently made it clear that Mount St Mary is primarily in the business of educating its own students and cannot use tuition collected from college students to directly subsidize our school's operating costs.

Q: How important is Bishop Dunn's fund-raising efforts in keeping tuition costs down?

A: To put it quite simply, if it weren't for our annual fund-raising efforts, spearheaded by our Development Office and revenues from other special projects, we would have to charge as much as \$1,000 more annually per family than we now do. Bishop Dunn has been in relatively good financial condition for the past ten years because of three key developments – increased fund-raising efforts, the profits realized from our successful special programs, such as Summer FUNdamentals, and the steady rise in regular school enrollment over the same period. Because we now have little room at most grade levels to add more students that source of increased income to offset rising operating costs has been virtually eliminated, so we now have to depend even more on fund-raising to keep tuition costs from rising too steeply.

(CONTINUED ON BACK)

Q: What is our school's fund-raising goal for the 2011-2012 year and beyond?

A: Fund-raising efforts remain strong this year but because of unexpectedly high utility costs and increases in staff health insurance rates, among other things, we will need to raise close to \$200,000 through fund-raising and other special projects this year just to "break even" in our annual operating budget. Among other things, we have added several new large fund-raisers and have developed a "Memorial Tree" giving campaign targeted at alumni and other friends of Bishop Dunn that we hope will keep tuition rates lower in future years.

I hope this explanation helps in your understanding of our financial situation, but I welcome you to contact me personally, if you have questions that have not been clearly addressed.

Sincerely,

James DelViscio
Principal

BISHOP DUNN MEMORIAL SCHOOL 2011-2012 TUITION RATES

Pre-K through 5th Grades: \$5410 annually for first child (over 10-month billing cycle)
 \$4385 annually for the second child
 \$2900 for the third child

Annual books/supplies fee - \$90 for Pre-K students; \$175 for all others. TMS handling fee - \$45 per family*

6th through 8th Grades: \$5970 annually for first child (over 10-month billing cycle)
 \$4400 annually for second child
 \$2900 annually for third child

Annual books/supplies fee - \$175 per student. TMS annual handling fee - \$45 per family*

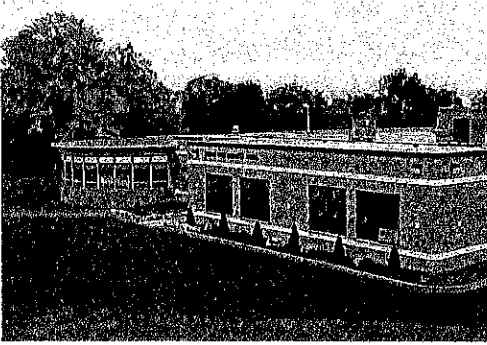
Special Education: \$7735 annually (over 10-month billing cycle)

Annual books/supplies fee - \$175 per student. TMS annual handling fee - \$45 per family*

TUITION POLICY –

1. Billing is done through the Tuition Management Systems (TMS) collection service over a 10-month period from June through March.
2. *The \$45 annual handling fee charged will be waived by Bishop Dunn if payments are made through direct deposit.
3. Payment plans will remain the same as last year, for program participants in good standing, unless you notify Bishop Dunn directly that you would like to change to a direct deposit plan or adjust your payment schedule.

SPECIAL NOTE: ALL FAMILIES ARE REQUIRED TO MAKE TUITION PAYMENTS THROUGH THE TMS BILLING SERVICE WITH THE EXCEPTION OF THOSE WHO SUBMIT FULL TUITION PAYMENT DIRECTLY TO BISHOP DUNN BY JULY 1ST.



Bishop Dunn Memorial School
50 Gidney Avenue
Newburgh, New York 12550
(845) 569-3494
Fax (845) 569-3303

GENERAL ADMINISTRATIVE PROCEDURES

ADMISSION

Each spring, registration for the following academic year is conducted. Applicants for *Pre-Kindergarten* must be four years of age by December 1st. Applicants for *Kindergarten* must be five years of age by December 1st. Applicants for *Grade 1* must be six years of age by December 1st. At the time of registration, baptismal and birth certificates must be presented and a complete record of health immunizations must be submitted. A registration fee is also due as part of this registration process.

Admission to Grades 2 through 8 requires all of the above information. In addition, the complete file of performance from the previous school is requested by a Record Request Form signed by the parent and approved by the principal.

No registration for any grade will be processed until all of the above requirements are met. Parents are notified by letter that students are accepted and registered at Bishop Dunn Memorial School.

BISHOP DUNN MEMORIAL SCHOOL
50 Gidney Avenue
Newburgh, NY 12550
(845) 569-3494

APPLICATION FOR PRE-K TO GRADE 8

DATE OF APPLICATION _____

CHILD'S NAME _____
(Last) (First) (M.)

GRADE APPLYING FOR _____

SCHOOL YEAR APPLYING FOR _____

ADMISSION REQUIREMENTS: (Check forms and enclose with application)

Note: Applications will not be considered unless all records/forms are supplied.

_____ Child's School Records for grades ____ through ____ (Please include with these records a copy of current IEP and/or any psychological or educational evaluations, if applicable.)

_____ Copy of Birth Certificate

_____ Copy of Baptismal Certificate (if applicable)

_____ Official Record of Immunizations*

_____ Application Fee of \$25.00 (Non-refundable)

_____ Financial Aid (Check only if you would like to receive information about financial assistance. The attached Family Income Survey Form must be completed to be considered.)

*There are additional medical forms that need to be completed upon acceptance into Bishop Dunn Memorial School.

RETURN APPLICATION AND REQUIRED FORMS WITH APPLICATION FEE TO:

Mr. James DelViscio, Principal
Bishop Dunn Memorial School
50 Gidney Avenue
Newburgh, NY 12550

(Child's Last Name) (First) (Middle)

(Child's Date of Birth) Birth Certificate _____ Baptismal Certificate _____

Address (Please no P.O. Box) City State Zip

Birthplace Home Telephone Cell Telephone

Sex: M F Current Age: _____ Language Used in Home: _____

School Currently Attending _____

Address _____

Resident School District _____

Parents Referred by _____

FAMILY INFORMATION

FATHER

MOTHER

First Name Last

First Name Maiden Name

Occupation

Occupation

Employer

Employer

Business Address

Business Address

City State Zip

City State Zip

Business Telephone

Business Telephone

Birthplace

Birthplace

Religion

Religion

FAMILY INFORMATION (continued)

Check if applicable: Divorced _____ Separated _____

If either parent is deceased:

Name _____ Date of Death _____

If applicable, Guardian's Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Occupation _____

OTHER FAMILY MEMBERS

Names of other Children in household Occupation or
(give surnames if different) Birth Date Birthplace School/Grade

RELIGIOUS/SACRAMENTAL INFORMATION

Child's Religion _____ CHURCH _____ LOCATION _____ MONTH/DAY/YEAR _____

BAPTISM _____

FIRST PENANCE _____

COMMUNION _____

CONFIRMATION _____

I hereby grant permission for the use of pictures, which may be taken of my child for educational and public relations purposes. Yes _____ No _____

New York State requires information about each student's ethnicity in order to process state exams. Please complete the information below.

Child's Name	Ethnicity	A - Asian
		B - Black
		C - Caucasian
		H - Hispanic or Latino
		M - Multi racial
		N - American Indian or Alaskan Native
		P - Native Hawaiian or other Pacific Islander
		O - Other Race or Ethnicity

Parent/Guardian Signature _____

PERSONAL INFORMATION

FAMILY PHYSICIAN _____ TELEPHONE _____

FAMILY DENTIST _____ TELEPHONE _____

ALLERGIES _____

MEDICATIONS _____

PHYSICAL IMPAIRMENTS _____

Do you give permission for us to share your telephone number with other parents in your child's class for our emergency telephone contact system? Yes ___ No ___

EMERGENCY TREATMENT AUTHORIZATION FORM

Name of Student: _____ Birthdate: ___/___/___

Allergies: _____

Medications (if any) _____

Any special health/physical conditions? _____

Child's Physician: _____ Phone No. _____

Child's Dentist: _____ Phone No. _____

Medicaid No. or Insurance Carrier _____

I,(We), being the parent(s) or legal guardians of the above named child, hereby appoint:

Name

Telephone No.

To act in my/our behalf in authorizing medical, dental, or surgical care and hospitalization for the above named child in the event that I/we cannot be reached.

Parent Signature

Date

FAMILY INCOME SURVEY (CONFIDENTIAL)

Family Name (please print) _____ Child(ren) Name(s) _____

Street Address _____

City, State, Zip _____ Date of Application _____

1. Is your annual income less than the amount on the chart below in the last column, "Income Per Year," for family size? Yes No
2. Are you receiving assistance under the Temporary Assistance to Needy Families Program (TANF) known in New York State as the Aid to Dependent Children program (ADC)? Yes No
3. Is your family eligible for food stamps? Yes No
4. Are your children eligible to receive assistance from Medicaid? Yes No
5. Are you receiving assistance under the Supplementary Security Income program (SSI)? Yes No
6. Does your family receive Public Housing Assistance/Section 8? Yes No
7. Does your family participate in the Low Income Home Energy Assistance Program (LIHEAP)? Yes No
8. Is the name of the student above a foster child? Yes No

Family Size	Income Per Week	Income Per Month	Income Per Year
1	\$281	\$1,217	\$14,597
2	378	1,636	19,629
3	475	2,056	24,661
4	572	2,475	29,693
5	668	2,894	34,725
6	765	3,314	39,757
7	862	3,733	44,789
8	959	4,152	49,821

Note: If you are paid on a weekly or monthly basis, please multiply that amount into an annual figure for comparison based on the weeks or months you actually work each year.

Signature of Parent/Guardian _____

- Please return separately in a sealed envelope marked confidential information along with the application addressed to Mr. James DelViscio, Principal. Thank you.

BISHOP DUNN SCHOOL SELECTION SURVEY

To help us to better understand your reasons for choosing Bishop Dunn for your child's education and to assist us in future marketing/promotional programs, please take a few moments to fill out the following survey form and return it with your application. Thank you.

Name of Child/Children _____ Grade(s) next school year _____

Parent(s) Name(s) _____ Telephone (day/night) _____

How did you first learn about Bishop Dunn's elementary school program? (Please check all that apply.)

Summer FUNdamentals participation

Brochure/flier

Mailing

Church bulletin/handout

Newspaper

Church's name _____

Newspaper's name _____

Other (please describe) _____

Using the numbers 1-12, please indicate, in order of importance, the qualities or features that attracted you to our school (1 signifies most important, 12 signifies least important).

_____ Strong academic program
_____ Individual attention for students
_____ Christian morals and values are taught
_____ Parent(s) attended this school
_____ Low student to teaching staff ratio
_____ Full Pre-K-8th Grade Program

_____ Discipline policies
_____ Religious education
_____ Faculty and administration support
_____ Caring family atmosphere
_____ Access to college resources
_____ Enrichment/extracurricular activities

What other factors, if any, influenced you in your decision to come to Bishop Dunn? _____

(Optional) In the space below, please describe briefly the main reason why you decided to leave the school your child is currently attending (if applicable) _____

Bishop Dunn Memorial School
50 Gidney Avenue
Newburgh, NY 12550

Health Office (845) 569-3304
Fax (845) 569-3303

From: School Nurse
Bishop Dunn Health office

Re: Immunization Requirements

The minimum immunization requirements for school registration are:

- 3 DPT (Diphtheria, tetanus, pertussis)
- 3 OPV (Oral Polio) or IPV
- 1 Measles, 1 Mumps, 1 Rubella (MMR)
- 2 Measles or 2nd MMR, recommended to be administered at 4-6 years of age and required for Kindergarten entry

- 3 Hepatitis B
Pre-K – any child born on or after January 1, 1995
Kindergarten – any child born on or after January 1, 1993
All children enrolled in the 7th grade on or after September 1, 2000

- Pre-K only – Haemophilus influenza type b (Hib) – 3 doses (or 1 dose if administered on or after 15 months of age)

- 1 Varicella Vaccine (starting September 2003) for all Kindergarten students
- 1 Varicella Vaccine (starting in September 2004) for all Pre-K students
- 1 Varicella Vaccine (starting in September 2005) for all 6th grade students

- Tdap booster (Tetanus, Diphtheria and Acellular Pertusis) for all 6th grade students

SEND IN WRITTEN PROOF OF IMMUNIZATIONS WITH YOUR COMPLETED APPLICATION.

Any questions, please call the Health office at (845) 569-3304. Thank you.