



# Saint Mary School

Building a Foundation  
For Life

## Application Process for Kindergarten – Grade 8

### Requirements: Kindergarten and Grade 1

- ✓ Completed student application
- ✓ Birth Certificate
- ✓ Baptismal Certificate, if applicable
- ✓ Screening by our Early Childhood Team
- ✓ Two separate checks for the following:
  - Non-refundable Registration Fee of \$100.00 for new students\*\*
  - Book Fee: K – 8 - \$300.00 (non-refundable upon acceptance)

**\*\* Current Saint Mary School Preschool Students do not need to pay the Registration Fee for Kindergarten\*\***

### Requirements: Grades 2 – 8

- ✓ Completed student application
- ✓ Birth Certificate
- ✓ Baptismal, Reconciliation and First Eucharist Certificates, if applicable
- ✓ Academic Records from prior school (most current report cards and standardized test scores)
- ✓ Interview with Admissions Director and Principal
- ✓ Two separate checks for the following:
  - Non-refundable Registration Fee of \$100.00
  - Book/Technology Fee of \$300.00 (non-refundable upon acceptance)

### Age Requirements

**Kindergarten:** Must be 5 years old on or before August 31, 2016

**First Grade:** Must be 6 years old on or before August 31, 2016  
Successful completion of Kindergarten  
Satisfactory recommendation from current teacher

### Tuition for 2016-2017 School Year

**In Parish: \$5,950.00      Out of Parish: \$6,350.00**

Payment plans are available through FACTS Tuition Management System. Tuition assistance is available. Contact the school office for more information.

**Saint Mary School - 16 Summer Street – Shrewsbury, MA 01545 – (508) 842- 1601**

If you have any questions, please contact Mrs. Jeannie MacDonough ([jeannie.macdonough@stmarysparish.org](mailto:jeannie.macdonough@stmarysparish.org)) or Mrs. Kathy Brookhart ([kathleen.brookhart@stmarysparish.org](mailto:kathleen.brookhart@stmarysparish.org)) or you can call the Saint Mary School office at (508) 842-1601.



## **Kindergarten - Application for Registration for 2016-2017**

*Our student body is comprised of students from Saint Mary's Parish and other parishes, as well as students of all faiths from surrounding communities*

Please complete the entire application and **MAIL** a copy to the St. Mary School Office.

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

Name of Child \_\_\_\_\_ Male/Female  
Last First Middle

Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street Town Zip

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City/Town State Country Month/Day/Year

Father's Name \_\_\_\_\_ Address (if different): \_\_\_\_\_  
Last First City/Town State

Father's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address (if different): \_\_\_\_\_  
Maiden First Last City/Town State

Mother's Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of Custodial Parent or Legal Guardian (if applicable) \_\_\_\_\_

Child's Baptism \_\_\_\_\_ Date \_\_\_\_\_  
Church City/Town State Month/Day/Year

My child will be 5 years old on or before August 31, 2016 \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE CONTINUE ON NEXT PAGE**

School your child is now attending

\_\_\_\_\_ (If applicable)

Name

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

Zip

Parish/church you are registered in \_\_\_\_\_

Name

City/Town

Are you or your spouse alumni of St. Mary School? Yes  No

Name of Alumnus \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**Siblings:**

**Name**

**Birth Date**

**Current School**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child receiving any special services? \_\_\_\_\_ Speech? \_\_\_\_\_ Counseling? \_\_\_\_\_ Physical Therapy? \_\_\_\_\_

Occupational Therapy? \_\_\_\_\_ Other? Explain \_\_\_\_\_

Is your child on an Individualized Education Plan (IEP)? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please submit a copy of the IEP with this application.*



Saint Mary School  
Developmental History Form

*To be completed by the parents/guardians and mailed to the school office with  
the Kindergarten application.*

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

**Personal History:**

Was your child's birth a result of a full term pregnancy? \_\_\_\_\_

Were there any complications? \_\_\_\_\_

Has your child had any delays or difficulties in speech, fine motor, or gross motor skills? If so, please explain.

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

Has your child received any specialized services (early intervention program, speech and language, physical therapy, occupational therapy, behavioral therapy, etc)? Please explain in detail.

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

What is the primary language spoken at home? \_\_\_\_\_

What other languages are spoken in the home? \_\_\_\_\_

**Health:**

Has your child had any serious illnesses or required hospitalization? \_\_\_\_\_

Does your child have any physical disabilities or allergies (asthma, seasonal allergies, insect bites, allergies to medication, etc)? \_\_\_\_\_

Does your child receive any medications on a regular basis? \_\_\_\_\_

**Eating:**

Does your child have any eating issues/problems? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any food allergies? \_\_\_\_\_  
\_\_\_\_\_

**Social Relationships:**

What experiences has your child had in playing with other children (day care, preschool, play groups, etc.)? \_\_\_\_\_  
\_\_\_\_\_

Does your child play well with other children? \_\_\_\_\_  
\_\_\_\_\_

How does your child relate to adults? \_\_\_\_\_  
\_\_\_\_\_

By nature is your child: Friendly? \_\_\_\_\_ Withdrawn? \_\_\_\_\_ Aggressive? \_\_\_\_\_ Shy? \_\_\_\_\_  
Other? \_\_\_\_\_

Is there anything that frightens your child? \_\_\_\_\_  
\_\_\_\_\_

Please add any information that you feel would be valuable to those who will work with your child.

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

# Kindergarten Admission Information -- Teacher's Rating Form

To be completed by the preschool teacher

Student's Name \_\_\_\_\_

Student's Age \_\_\_\_\_

Date \_\_\_\_\_

Teacher's Name \_\_\_\_\_

*Purpose:* As a preschool teacher, you may have pertinent data that

can be helpful in determining program placement and planning for the student listed above. You can supply this data by responding to the items listed below.

*Directions:* Read each item and check the column ("No", "Uncertain", or "Yes") on the right that best applies to your child.

## Personal/Speech

### Can this student tell others his/her

1. first and last name? .....
2. age? .....
3. street address(if applicable)? .....
4. birth date/ .....
5. telephone number? .....

No	Uncertain	Yes

## Beginning Academic Skills

### Does this student

6. recognize(by naming) five colors? .....
7. recognize (by Naming) ten colors? .....
8. count by rote to five? .....
9. count by rote to ten? .....
10. recognize numerals to five? .....
11. recognize numerals to ten? .....
12. comprehend numerals to five? .....
13. recognize some lower case letters? .....
14. recognize some upper case letters? .....
15. comprehend pictures depicting action in books? .....
16. comprehend stories read to him or her? .....

No	Uncertain	Yes

## Visual- and Fine-Motor Skills

### Does this student

17. recognize his/her name in print? .....
18. copy a circle and a plus sign? .....
19. write his/her first name? .....
20. write his/her last name? .....
21. draw pictures that are recognizable? .....
22. try to stay within the lines when coloring a picture with crayons? .....
23. use scissors to cut paper? .....
24. successfully complete arts & crafts projects appropriate for age? .....
25. assemble puzzles appropriate for age? .....

No	Uncertain	Yes

## Dominance/Laterality

### Does this student consistently

26. use the same hand as the preferred hand? .....
27. discriminate between his/her right hand and left hand? .....
28. follow the pattern of working left to right and top to bottom when appropriate? .....

No	Uncertain	Yes

## Self-Help Skill

### Does this student

29. dress himself/herself? .....
30. button his/her clothing? .....
31. totally care for toileting needs? .....
32. tie his/her shoes? .....
33. know which shoe goes on which foot? .....
34. usually take care of personal items? .....

No	Uncertain	Yes

## Social Skills

### Does this student

35. greet others in an appropriate manner? .....
36. usually share and take turns willingly? .....
37. usually play well with at least one child? .....
38. willingly and cooperatively participate in small-group activity or game? .....
39. show concern for using materials and equipment safely and appropriately? .....

No	Uncertain	Yes

## Emotional/Self-Reliance

### Does this student

40. willingly engage in a new activity? .....
41. usually make an effort to solve problems before seeking help from others? .....
42. usually continue an activity without constant attention and encouragement? .....
43. usually continue a task until completed or until it is time to stop? .....
44. usually accept limits set by an adult? .....
45. usually reflect a happy disposition? .....

No	Uncertain	Yes

## Speech

### Does this student

46. express needs and requests verbally rather than by inappropriate means? .....
47. have speech that is understandable? .....
48. speak in sentences of four or more words? .....

No	Uncertain	Yes

## Health/Physical

### Does this student

49. appear to have good physical health and stamina? .....
50. appear to be free of physical/mental conditions or problems that might cause a need for special services? .....

No	Uncertain	Yes

ST MARY SCHOOL  
16 SUMMER STREET  
SHREWSBURY, MA 01545  
(508) 842-1601

In order to process your child's application to St. Mary School, we request that parents and teachers complete the form below and return it to our school office **within 2 weeks**.

**RELEASE OF INFORMATION REQUEST**

**Please forward this form to your child's current teacher/school.**

TO: \_\_\_\_\_  
(Your child's current school)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State and Zip)

An application for \_\_\_\_\_ has been submitted to  
(Print child's name)

St. Mary School for **Grade** \_\_\_\_\_ **for the 2016/2017 school year.**

Please send copies of any information pertinent to my child/ward, which would enable proper placement in the upcoming school year.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**To be completed by the student's current teacher**

I, \_\_\_\_\_, am presently teaching \_\_\_\_\_.  
(Print teacher's name) (Print student's name)

I verify / **DO NOT verify** (*circle one*) his/her readiness for entrance into Grade \_\_\_\_\_ for the 2016/2017 school year.

I request that St. Mary School contact me to discuss some of my concerns.

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone #

**This is not a request for the transfer of records. It is merely an inquiry.**

PLEASE COMPLETE THIS FORM FOR **ALL GRADES** AND MAIL TO ST. MARY SCHOOL WITHIN TWO WEEKS OF APPLICATION. THANK YOU.