



# Saint Brendan School

*"Developing independent thinkers, effective communicators and strong practicing Catholics"*

January 2023

Dear Prospective Saint Brendan School Family:

Welcome to Saint Brendan School! We are delighted that you are considering joining our school community. In order to make the admissions process as smooth as possible for you and your child, we have prepared this packet for your review.

Saint Brendan School is a neighborhood parish school that educates and nurtures students in a safe environment rich in Catholic identity and tradition. We have a rigorous academic program, aligned to the Massachusetts State Frameworks and are accredited by the prestigious New England Association of Schools and Colleges. Our community of faculty, support staff and families are dedicated to developing the knowledge, skills and confidence our students need to become independent thinkers, effective communicators and strong practicing Catholics living in service to Jesus Christ.

Tours are available on Tuesdays between the hours of 9:00 am-11:30 am or 1:00 pm-2:00 pm. If Tuesday is not convenient for you, please contact the front office to schedule a different time. Please let us know how we can assist you in your selection process, schedule a tour or answer any questions you may have. Thank you for your interest in Saint Brendan School. I hope this is the beginning of a long and lasting relationship.

Peace,

A handwritten signature in blue ink that reads "Maura M. Burke". The signature is fluid and cursive.

Maura M. Burke, M.Ed.  
Principal



# Saint Brendan School Application for Admission

Applying for Grade: (Check one)

PreK Full Time

PreK Part-time

K1

K2

Grade 1

Grade 2

Grade 3

Grade 4

Grade 5

Grade 6

\*Students must be 3 years old by September 1<sup>st</sup> and fully toilet trained for PreK, 4 years old for K1 and 5 years old for K2

## APPLICANT'S INFORMATION (please print)

Student Legal Name: \_\_\_\_\_  
LAST
FIRST
MIDDLE
(NICKNAME IF APP.)

Student Address: \_\_\_\_\_  
STREET
CITY
ZIP CODE

Student Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: Female  Male

Race/Ethnicity: \_\_\_\_\_ Primary Language Spoken at Home: \_\_\_\_\_ Religion: \_\_\_\_\_

Was your child baptized: Yes  No  If yes, Baptismal date: \_\_\_\_\_ Church: \_\_\_\_\_

Student lives with: Both parents  Birth Mother  Birth Father  Other  \_\_\_\_\_

If someone other than the parent is legally responsible, please check and list below  \* Custodial parent/guardian must provide documentation to be placed on file in the school office.

Name	Address	City, State, Zip	Phone	Relationship
<b>FAMILY INFORMATION</b>				
<b>Mother/Guardian 1</b>				
Legal Name: _____		Mother's Maiden Name: _____		
Relationship to student: (if guardian) _____		Religion: _____		
Address: _____				
Home Phone: _____		Work Phone: _____		Cell Phone: _____
Email: (please print clearly) _____		Occupation: _____		
<b>Father/Guardian 2</b>				
Legal Name: _____				
Relationship to student: (if guardian) _____		Religion: _____		
Address: _____				
Home Phone: _____		Work Phone: _____		Cell Phone: _____
Email: (please print clearly) _____		Occupation: _____		

### FAMILY INFORMATION

#### Mother/Guardian 1

Legal Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Relationship to student: (if guardian) \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_ Occupation: \_\_\_\_\_

#### Father/Guardian 2

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

Relationship to student: (if guardian) \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: (please print clearly) \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status:

Married  Not Married  Divorced  Married, but Separated  Mother Deceased  Father Deceased

**ADDITIONAL FAMILY INFORMATION:**

Has your child received early intervention services or been diagnosed with any behavioral issues? Yes  No

If yes, please explain:

Has your child ever been placed on an Individual Education Plan (IEP) or a 504 Plan? Yes  No

If yes, please provide a copy with your application.

Has your child been diagnosed with any learning disabilities? Yes  No

If yes, please explain:

Does your child receive any academic support/tutoring? Yes  No

Does your child have any allergies? Yes  No

If yes, please explain:

Does your child require an Epi Pen, inhaler or any other daily medications: Yes  No

Does your child have any medical problems our staff should be aware of: Yes  No

If yes, please explain:

To be considered for admission, the following documents, including a non-refundable application fee of \$75.00 must accompany this application: No application will be accepted without all documentation.

- 1. Copy of birth certificate or passport for the applicant
- 2. Copy of baptismal certificate (Catholic students only)
- 3. Current physical and immunization record
- 4. Current report card including comments (if applicable)
- 5. Copy of standardized testing scores (if applicable)
- 6. Copy of custody decree (if applicable)
- 7. A non-refundable application fee of \$75.00

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

How did you hear about Saint Brendan School: Family  Friends  Another parent   
Publication  Other  Social Media

**FOR OFFICE USE ONLY:**

Application Fee:      Paid:      Date:      Check or Cash:

Received by:

**DOCUMENTATION RECEIVED:**

Birth Certificate       Baptismal Certificate       Physical       Immunization Record       Test Scores

**Saint Brendan School**  
**29 Rita Road, Dorchester, MA 02124**  
**(617) 282-3388**  
[www.stbrendanschool.org](http://www.stbrendanschool.org)

### **TUITION FOR SCHOOL YEAR 2023-24**

Pre K	\$9,900 (full time) plus Volunteer Service Fee; part-time rates listed below
Pre K	\$11,400 (full time 2.9 years old by 9/1/23) plus Volunteer Service Fee; part-time rates listed below
K1	\$8,100 plus Volunteer Service Fee
K2-6	\$6,600 plus Volunteer Service Fee
Sibling	\$6,100 beginning in Grade 1 plus Volunteer Service Fee

#### **Volunteer Service Fee**

\$250.00 = 25 hours for oldest and only child  
\$150.00 and an additional 10 hours for second child  
\$50.00 and an additional 5 hours for third or more children  
(1 child = \$250.00, 25 hours)  
(2 children = \$400.00, 35 hours)  
(3 or more children = \$450.00, 40 hours)

For returning families: Please check with Kim Delano ([kdelano@stbrendanschool.org](mailto:kdelano@stbrendanschool.org)) to determine if your 2022-23 volunteer service hours have been completed. If not completed, a volunteer service fee charge will be applied to the 2023-24 school year. If completed, you will receive a credit for your 2023-24 volunteer service for the 2023-24 school year. In both instances, your volunteer requirement of hours begins again when school starts.

#### **Seat Fee**

A \$500.00 non-refundable, non-transferable seat fee is due to the school office by Tuesday, February 28, 2023. This will be strictly enforced and is necessary to hold your child's seat. This seat fee is applied to the tuition.

#### **Part-time Pre K Tuition**

\$4,950 5 half-days  
\$7,920 4 full days  
\$3,960 4 half-days  
\$5,940 3 full days  
\$2,970 3 half-days  
\$3,960 2 full days

#### **Part-time Pre K Tuition (2.9 years old by 9/1/23)**

\$5,700 5 half-days  
\$9,120 4 full days  
\$4,560 4 half-days  
\$6,840 3 full days  
\$3,420 3 half-days  
\$4,560 2 full days

# Saint Brendan School Pre-Kindergarten (Pre-K) Schedule

**Student Name:** \_\_\_\_\_

We offer both full days and half days for the Pre-Kindergarten Program. Additionally, Parents have the option of selecting a five day a week schedule (which we strongly recommend) or selecting specific days.

Please indicate your preferred schedule for the upcoming school year.

**FULL DAYS (8:10 AM – 2:15 PM)**

**HALF DAYS (8:10 AM – 11:30 AM)**

Monday

Monday

Tuesday

Tuesday

Wednesday

Wednesday

Thursday

Thursday

Friday

Friday

**PLEASE NOTE:**

**Students can only participate in school events if they are scheduled to attend that same day.**  
For example: Brendan Smith attends school Monday through Friday, mornings only. On Friday afternoon the Christmas Concert is scheduled. Brendan will not be able to attend the Christmas Concert because Brendan is not scheduled to attend school in the afternoon.

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

# Volunteer Service Fee Guidelines

## Saint Brendan School

1 CHILD, 25 HOURS = \$250

2 CHILDREN, 35 HOURS = \$400

3 OR MORE CHILDREN, 40 HOURS = \$450

Below is listed several ways in which to earn service hours:

- Chaperoning field trips
- Class Liaison – 25 hours (responsible throughout the year for collecting \$ for your child's class for donations, teacher gifts, etc.)
- Chair a fundraising event – 25 hours (see Parent Guild Membership Form) Co-Chair will receive 15 service hours.
- Volunteering at any school sponsored event.
- Christmas Calendar sales – 20 hours if all 10 calendars are sold (November-December)
- Sponsorship of Softball Tournament/Golf Tournament.
- Any general help in the school throughout the school year.
- Other family members may also provide volunteer hours that will be credited to your family. Only family members can give other family members extra hours.  
For example: friends can't give their hours to friends.
- Donations (gift cards, baskets, sports tickets, etc.)
- Volunteering at the church does not count towards service hours unless approved by the Principal.
- Donating to class baskets DOES NOT COUNT towards hours.

At the conclusion of the school year, if a family has completed the required number of service hours, a credit will be applied to next year's volunteer service charge. If a family has not completed the required number of service hours, then a volunteer service fee charge will be added to the next year's tuition account.

All parents must keep track of their own hours and email them to Kim Delano for approval.  
kdelano@stbrendanschool.org

**PARENTS ARE RESPONSIBLE FOR SUBMITTING THEIR HOURS IMMEDIATELY AFTER EACH EVENT. ALL HOURS MUST BE SUBMITTED BY MAY 10, 2024**

### **IMPORTANT – ALL VOLUNTEERS**

**Anyone who provides service/volunteer hours at the school must undergo a CORI check, sign the Code of Conduct Form and attend PGC (Protecting God's Children training – which will be held at the beginning of each school year.)**

# Massachusetts School Immunization Requirements 2022-2023<sup>§</sup>

Massachusetts school immunization requirements are created under authority of [105 CMR 220.000 Immunization of Students Before Admission to School](#)

Requirements apply to all students including individuals from another country attending or visiting classes or educational programs as part of an academic visitation or exchange program. Requirements apply to all students, even if over 18 years of age.

## Childcare/Preschool<sup>¶†</sup>

Attendees <2 years should be immunized for their age according to the [ACIP Recommended Immunization Schedule](#). Requirements listed in the table below apply to all attendees ≥2 years. These requirements also apply to children in preschool classes called K0 or K1.

Hib	1-4 doses; the number of doses is determined by vaccine product and age the series begins
DTaP	4 doses
Polio	3 doses
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	1 dose; must be given on or after the 1 <sup>st</sup> birthday; laboratory evidence of immunity acceptable
Varicella	1 dose; must be given on or after the 1 <sup>st</sup> birthday; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

## Grades Kindergarten – 6<sup>¶†</sup>

In ungraded classrooms, Kindergarten requirements apply to all students ≥5 years.

DTaP	5 doses; 4 doses are acceptable if the fourth dose is given on or after the 4 <sup>th</sup> birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP
Polio	4 doses; fourth dose must be given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose, or a fifth dose is required. 3 doses are acceptable if the third dose is given on or after the 4 <sup>th</sup> birthday and ≥6 months after the previous dose
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 <sup>st</sup> birthday and second dose must be given ≥28 days after first dose; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

<sup>§</sup> Address questions about enforcement with your legal counsel.

<sup>¶</sup> Meningococcal vaccine requirements (see Grades 7-10 and 11-12) also apply to residential students in Grades Pre-K through 8 if the school combines these grades in the same school as students in Grades 9-12.

<sup>†</sup> Medical exemptions (statement from a physician stating that a vaccine is medically contraindicated for a student) must be renewed annually at the start of the school year and religious exemptions (statement from a student, or parent/guardian if the student is <18 years of age, stating that a vaccine is against sincerely held religious beliefs) should be renewed annually at the start of the school year.

\* A reliable history of chickenpox includes a diagnosis of chickenpox, or interpretation of parent/guardian description of chickenpox, by a physician, nurse practitioner, physician assistant, or designee.

See following pages for Grades 7-10, Grades 11-12, and College (Postsecondary Institutions)