



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: _____

PARENT/GUARDIAN CONTACT E-MAIL: _____

REFERRED BY: _____

ADMISSION REQUIREMENTS:

Note: Applications will not be finalized until all records/forms are received.

☐ 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*

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

☐ Financial Assistance may be available at the discretion of the principal*

** Requests should be directed to Mrs. Nancy Benfer at: nbenfer@my.bdms.org*



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STUDENT INFORMATION

(Child's Last Name) (First) (M.)

Address (No P.O. Box please) (City) (State) (Zip)

(Home Telephone) (Mobile Telephone)

(Child's DOB) (Current Age) Sex: ☐ M ☐ F (Birthplace)

School Currently Attending: _____

Address: _____
(City) (State) (Zip)

Resident School District: _____

FAMILY INFORMATION

FATHER

MOTHER

(First Name) (Last Name)

(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)

Check ONLY if applicable:

Divorced: ☐ Separated: ☐

Either parent deceased: ☐ Y ☐ N



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GUARDIAN INFORMATION (If applicable)

Guardian Name: _____
(Last) (First)

Address (No P.O. Box please) (City) (State) (Zip)

(Home Telephone) (Mobile Telephone)

RELIGIOUS/SACRAMENTAL INFORMATION

Child's Religion: _____ Church: _____

Baptism: _____
(Church) (Location) (Month, Day, Year)

First Penance: _____
(Church) (Location) (Month, Day, Year)

Communion: _____
(Church) (Location) (Month, Day, Year)

Confirmation: _____
(Church) (Location) (Month, Day, Year)

*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:

Please submit the completed application to: mbroe@my.bdms.org Attention Admissions