



# ST. URSULA ACADEMY | 2018 - 2019

## TRANSFER STUDENT ADMISSIONS APPLICATION

Date \_\_\_\_\_

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Student Cell \_\_\_\_\_ Student Email \_\_\_\_\_

Religion \_\_\_\_\_ Church \_\_\_\_\_

Grade in 2018 - 2019 \_\_\_\_\_

### CURRENT SCHOOL INFORMATION

School \_\_\_\_\_ Number of Years Attending Current School \_\_\_\_\_

Other Schools Attended in Last Three Years \_\_\_\_\_

### FAMILY INFORMATION

How many? Younger Sisters \_\_\_\_\_ Older Sisters \_\_\_\_\_ Younger Brothers \_\_\_\_\_ Older Brothers \_\_\_\_\_

Please list names of sisters:

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list names of siblings/relatives who are attending or have attended St. Ursula Academy:

Name (include maiden name, if applicable)	Relationship to Student	Class Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parental Status:  Married  Separated  Divorced  Never Married  Mother Deceased  Father Deceased

For more information, please contact St. Ursula Academy  
at (419) 531-1693 or [admissions@toledosua.org](mailto:admissions@toledosua.org).

## PARENT INFORMATION

### HOUSEHOLD 1 (Primary Address for Student)

Is this household financially responsible for the student?  Yes  No Does this household have custody of the student?  Yes  No

Address \_\_\_\_\_  
Street City State ZIP Code

Male Parent/Guardian:  Dr.  Mr. \_\_\_\_\_

Relation:  Father  Step-Father  Legal Guardian

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Female Parent/Guardian:  Dr.  Mrs.  Ms.  Miss \_\_\_\_\_

Relation:  Mother  Step-Mother  Legal Guardian

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

### HOUSEHOLD 2 (Secondary Address for Student)

Is this household financially responsible for the student?  Yes  No Does this household have custody of the student?  Yes  No

Address \_\_\_\_\_  
Street City State ZIP Code

Male Parent/Guardian:  Dr.  Mr. \_\_\_\_\_

Relation:  Father  Step-Father  Legal Guardian

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Female Parent/Guardian:  Dr.  Mrs.  Ms.  Miss \_\_\_\_\_

Relation:  Mother  Step-Mother  Legal Guardian

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

---

---

## PLEASE TURN IN THE FOLLOWING WITH COMPLETED APPLICATION:

- Completed evaluation
- Copy of student's most recent standardized test scores
- Copy of student's most recent grade card
- Copy of student's IEP, MAP, 504, or Service Plan, if applicable
- Answers to the questions below on a separate piece of paper:
  - What extracurricular activities, both athletic and non-athletic, are of interest to the student?
  - Parent Question: Why would you like your daughter to attend St. Ursula Academy? Please include any comments concerning her health, physical limitations, or learning disabilities.
  - Student Question: Why do you want to transfer to St. Ursula Academy?

All application information becomes the property of St. Ursula Academy. St. Ursula Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

I certify that the information given on this application is complete and correct. I understand that any falsifications or omissions may result in my denial of admission or dismissal if I am enrolled.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_