



# ST. URSULA ACADEMY | 2019-2020

## JUNIOR ACADEMY

### ADMISSIONS APPLICATION

FOR THE 2020-2021 SCHOOL YEAR

Date \_\_\_\_\_

#### STUDENT INFORMATION

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

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

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

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

Grade in 2019 - 2020:  5  6  7

#### 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PARENT INFORMATION

### PARENTAL STATUS:

Married    Separated    Divorced    Never Married    Mother Deceased    Father Deceased

### 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 \_\_\_\_\_

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 \_\_\_\_\_

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 \_\_\_\_\_

# PARENT QUESTIONNAIRE

Student Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Please share any special qualities, talents, or athletic/artistic abilities your daughter possesses.

---

---

---

---

---

---

---

What are you seeking in a school for your daughter?

---

---

---

---

---

---

---

Describe your involvement in your daughter's education.

---

---

---

---

---

---

---

List any health concerns, physical limitations, or learning disabilities. (Attach copies of relevant documentation, if applicable.)

---

---

---

---

---

Please return the following documents to:  
St. Ursula Academy, 4025 Indian Road, Toledo, OH 43606

- Completed application
- Completed evaluation
- Copy of student's most recent grade card
- Copy of student's most recent standardized test scores
- Copy of student's IEP, MAP, 504, or Service Plan, if applicable

---

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.

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

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