



ST. URSULA ACADEMY | 2019-2020

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 2019 - 2020 _____

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.

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:

- Copy of student's most recent grade card Copy of student's most recent standardized test scores
 Answers to the questions below on a separate piece of paper: Copy of student's IEP, MAP, 504, or Service Plan, if applicable

- 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 _____