

2026-2027 New Student Registration Form - T2 through 11th grade

STUDENT INFORMATION (PLEASE PRINT)

Student's Last Name		First Name		Middle Name		Preferred Name	
Student's Street Address				City		State	
(____) _____ - _____ Student's Home Phone Number		____ / ____ / ____ Student's Birth Date (mm/dd/yyyy)				____ - ____ - ____ Student's Social Security Number (Required)	
Civil Parish/County		Place of Birth (City & State)				Hispanic or Latino Yes or No Ethnicity (circle one)	
American Indian or Yes or No Alaskan Native (circle one)		Asian Yes or No (circle one)				Black or Yes or No African American (circle one)	
Native Hawaiian or Yes or No Other Pacific Islander (circle one)		White Yes or No (circle one)				Two or More Races Yes or No (circle one)	
Student's Religion		Church Parish/Affiliation		Current School (2025-2026)			Student's Grade for 2026-2027

PARENT/GUARDIAN 1

Title		Last Name		First Name		Middle or Maiden Name		Relationship to Student	
Street Address (only if different from the Student Address above)				City		State		Zip Code	
Employer/Business Name		Type of Business		Position			Business/Daytime Phone		
Highest Educational Level		Religion		E-mail Address			Cell Phone Number		
Marital Status		The student lives with this parent: ☐ Full Time ☐ Part Time ☐ Does not live with this parent							

PARENT/GUARDIAN 2 (if applicable)

Title	Last Name	First Name	Middle or Maiden Name	Relationship to Student
Street Address (only if different from the Student Address above)		City	State	Zip Code
Employer/Business Name	Type of Business	Position		Business/Daytime Phone
Highest Educational Level	Religion	E-mail Address		Cell Phone Number
Marital Status	The student lives with this parent: ☐ Full Time ☐ Part Time ☐ Does not live with this parent			

PARENT/GUARDIAN 3 (if applicable)

Title	Last Name	First Name	Middle or Maiden Name	Relationship to Student
Street Address (only if different from the Student Address above)		City	State	Zip Code
Employer/Business Name	Type of Business	Position	Business/Daytime Phone	
Highest Educational Level	Religion	E-mail Address	Cell Phone Number	
Marital Status	The student lives with this parent: ☐ Full Time ☐ Part Time ☐ Does not live with this parent			

PARENT/GUARDIAN 4 (if applicable)

Title	Last Name	First Name	Middle or Maiden Name	Relationship to Student
Street Address (only if different from the Student Address above)		City	State	Zip Code
Employer/Business Name	Type of Business	Position	Business/Daytime Phone	
Highest Educational Level	Religion	E-mail Address	Cell Phone Number	
Marital Status	The student lives with this parent: ☐ Full Time ☐ Part Time ☐ Does not live with this parent			

ENROLLED SIBLINGS

Please complete with the names of siblings who will be enrolled at Ursuline Academy in 2026-2027	
Name	Anticipated Grade 26-27

FINANCIAL POLICY

All fees are non-refundable. Once a student is registered, the Academy assumes and plans for that student's attendance for the upcoming school year. When a student is withdrawn from the Academy between June 1 and the first day of school, the family will be charged one month's tuition for each month the child was enrolled. All fees are due and non-refundable. For example, if a child withdraws on July 6, the family owes two months of tuition and all fees to Ursuline Academy. When enrollment in the Academy is terminated voluntarily or by expulsion after the first day of school, parent(s) will remain responsible for the balance of the student(s) account based on the following scale:

1. 50% of tuition and all fees if termination occurs within the first nine weeks of the school year.
2. 75% of tuition and all fees if termination occurs within the second nine weeks of the school year.
3. All tuition and fees if termination occurs after the close of school at 12:00pm on the last day of the first semester.
4. A student is not withdrawn until the Official Withdrawal Form is completed and submitted in writing to the Office of Admissions.

I agree with the terms indicated above.

Signature of Parent or Guardian

Date

NON-REFUNDABLE FEES

Registration fees are due upon the opening of the Blackbaud Tuition Management Account. The remaining fees are due in May. When registration takes place after May 15th, fees will be billed in the subsequent billing month.

Academic Registration: \$350 (T2 - 7th); \$800 (8th-11th, *includes computer purchase*)
School Fee: \$750 per family (T2-11th)
Student Fee: \$250 (T2-7th); \$300 (8th-11th)

Music Lesson Private Piano \$200 (K- 11th grades, *optional*)
Registration:

In addition to creating a Blackbaud Tuition Management account, please return this form to
admissions@uanola.org

- OR -

**Ursuline Academy Admissions Office
2635 State Street
New Orleans, LA 70118**

STUDENT NAME: _____ GRADE IN 26-27: _____

GRANDPARENT INFORMATION

Name(s)	
Address	
City State, Zip Code	
Phone Number	
E-mail Address	
Name(s)	
Address	
City State, Zip Code	
Phone Number	
E-mail Address	
Name(s)	
Address	
City State, Zip Code	
Phone Number	
E-mail Address	
Name(s)	
Address	
City State, Zip Code	
Phone Number	
E-mail Address	

ALUMNAE INFORMATION

Please fill in ONLY if the student is related to an URSULINE ALUMNA.				
First Name	Last Name	Maiden Name	Graduation Year	Relationship to Student

