



ST. URSULA ACADEMY  
REGISTRATION FORM FOR 2010 - 2011

RETURN THIS FORM WITH THE \$300 REGISTRATION FEE BY MARCH 5, 2010.

STUDENT NAME \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE COMPLETE ONE OF THE FOLLOWING SECTIONS:

\_\_\_\_ CHECK ENCLOSED

MAKE CHECKS PAYABLE TO ST. URSULA ACADEMY.

PLEASE CHARGE THE REGISTRATION FEE TO:

CARD: \_\_\_\_ VISA \_\_\_\_ MASTER CARD \_\_\_\_ AMERICAN EXPRESS \_\_\_\_ DISCOVER

AMOUNT TO BE CHARGED: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

SIGNATURE OF CARD HOLDER \_\_\_\_\_

FOR OFFICE USE ONLY:

ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_

MY DAUGHTER, \_\_\_\_\_, WILL NOT BE RETURNING TO SUA  
FOR THE 2010-2011 ACADEMIC YEAR.

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

<p><b>OFFICE USE ONLY</b></p> <p>Date: _____</p> <p>Received by: _____</p>
--