



## Transfer Application

**TO BE COMPLETED BY THE PARENTS:**

**FOR GRADE:** \_\_\_\_\_

**I. INFORMATION REGARDING THE STUDENT**

SSN# \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle*

Family email \_\_\_\_\_

\_\_\_\_\_  
*Number and Street City State Zip*

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
*Month Day Year City State*

School Now Attending \_\_\_\_\_ Public School District \_\_\_\_\_

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

**II. INFORMATION REGARDING PARENTS/GUARDIANS WITH WHOM THE STUDENT LIVES**

Dr.  Mr.

\_\_\_\_\_  
*Last Name First Middle*

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relation: Father \_\_\_\_ Step-Father \_\_\_\_ Legal Guardian \_\_\_\_ Religion: \_\_\_\_\_

\_\_\_\_\_  
*Employer Business Address*

\_\_\_\_\_  
*Type of Work Business Phone Area Code Phone Number*

Dr.  Miss  Ms.  Mrs.

\_\_\_\_\_  
*Last Name First Middle (Maiden Name)*

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation: Mother \_\_\_\_ Step-Mother \_\_\_\_ Legal Guardian \_\_\_\_ Alumna of this school? Yes \_\_\_\_ No \_\_\_\_

Religion: \_\_\_\_\_

\_\_\_\_\_  
*Employer Business Address*

\_\_\_\_\_  
*Type of Work Business Phone Area Code Phone Number*

**III. INFORMATION REGARDING NON-CUSTODIAL PARENTS, IF NOT THE SAME AS THOSE LISTED ABOVE**

Name \_\_\_\_\_ If deceased, when? \_\_\_\_\_

\_\_\_\_\_  
*Number and Street City State Zip*

\_\_\_\_\_  
*Company Employed by Business Address*

\_\_\_\_\_  
*Type of Work Business Phone Area Code Phone Number*

IV. MISCELLANEOUS INFORMATION

Number of brothers: older \_\_\_\_\_ younger \_\_\_\_\_      Number of sisters: older \_\_\_\_\_ younger \_\_\_\_\_

Names of relatives who are attending or have attended this high school:

_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____

TO BE COMPLETED BY PARENTS:

Why would you like your daughter to attend St. Ursula Academy? Include any comments concerning health, physical, or learning disabilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO BE COMPLETED BY THE STUDENT:

Do you play a musical instrument? Yes \_\_\_ No \_\_\_ If so, which \_\_\_\_\_

Do you wish to continue (or begin) to play a musical instrument? Yes \_\_\_ No \_\_\_

Are you interested in choral work? Yes \_\_\_ No \_\_\_ Perhaps \_\_\_

Are you interested in athletics? Yes \_\_\_ No \_\_\_ Perhaps \_\_\_

If yes, which sports interest you most?

What hobbies or interests do you have? \_\_\_\_\_

Why did you select this school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's signature below authorizes the release of disciplinary and academic information from the school that the student is currently attending.

Applicant's Signature \_\_\_\_\_  
Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_