



URSULINE ACADEMY *Application for Admission*

1106 Pennsylvania Avenue Wilmington, Delaware 19806 tel: 302.658.7158 fax: 302.658.4297 www.ursuline.org

Date of Application: _____

Thank you for your interest in Ursuline Academy. As a school that welcomes diversity, Ursuline Academy admits students without regard to race, color, creed, religion, or national or ethnic origin. Please complete all portions of this application and submit with the nonrefundable fee (\$75.00) for processing. This fee covers the required admission testing as well.



APPLICANT NAME _____

NICKNAME _____ GENDER _____

BIRTH DATE _____ ETHNIC ORIGIN (OPTIONAL) _____

APPLICATION FOR ADMISSION TO GRADE _____ ENTRY DATE _____

HOME ADDRESS _____

HOME PHONE _____

RELIGIOUS DENOMINATION OF APPLICANT _____ CHURCH APPLICANT ATTENDS (IF ANY) _____

CURRENT SCHOOL _____ DATES OF ATTENDANCE _____

ADDRESS (STREET, CITY, STATE AND ZIP) _____

TELEPHONE _____ PRINCIPAL/HEADMASTER _____

If the applicant has attended this school for less than two years, what school did he/she previously attend?

PREVIOUS SCHOOL _____ DATES OF ATTENDANCE _____

ADDRESS (STREET, CITY, STATE AND ZIP) _____

Has the applicant ever *skipped* a grade? Yes No If so, what grade? _____

Has the applicant ever *repeated* a grade? Yes No If so, what grade? _____

Would you like to receive further information about Ursuline Academy's financial aid policy? Yes No

Which parent(s) will be responsible for academic and behavioral reports? _____

FAMILY INFORMATION

MOTHER/GUARDIAN'S FULL NAME	RELATIONSHIP	SALUTATION
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STEPPARENT'S FULL NAME	SALUTATION
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HOME ADDRESS, IF DIFFERENT FROM APPLICANT ADDRESS (STREET, CITY, STATE AND ZIP)

OCCUPATION/POSITION	EMPLOYER
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BUSINESS ADDRESS (STREET, CITY, STATE AND ZIP)

HOME PHONE	CELL PHONE	BUSINESS PHONE	E-MAIL
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Preferred Phone Contact: Home Business Cell

FATHER/GUARDIAN'S FULL NAME	RELATIONSHIP	SALUTATION
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STEPPARENT'S FULL NAME	SALUTATION
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HOME ADDRESS, IF DIFFERENT FROM APPLICANT ADDRESS (STREET, CITY, STATE AND ZIP)

OCCUPATION/POSITION	EMPLOYER
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BUSINESS ADDRESS (STREET, CITY, STATE AND ZIP)

HOME PHONE	CELL PHONE	BUSINESS PHONE	E-MAIL
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Preferred Phone Contact: Home Business Cell

Parents' marital status: Married Separated Divorced Widowed

Child resides with: Both Mother Father Other

If parents are separated or divorced, who will assume financial responsibility? _____ legal custody? _____

A. SIBLINGS

NAME	GRADE	SCHOOL
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NAME	GRADE	SCHOOL
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NAME	GRADE	SCHOOL
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B. GRANDPARENTS

MATERNAL GRANDPARENTS' NAMES	ADDRESS (STREET, CITY, STATE AND ZIP)
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PATERNAL GRANDPARENTS' NAMES	ADDRESS (STREET, CITY, STATE AND ZIP)
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Have any relatives attended/graduated from Ursuline Academy? Yes No

NAME	RELATIONSHIP TO APPLICANT	YEAR OF GRADUATION
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NAME	RELATIONSHIP TO APPLICANT	YEAR OF GRADUATION
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APPLICANT INFORMATION

How did you first hear about Ursuline Academy?

As a Roman Catholic school, Ursuline Academy welcomes students of all faiths. Why do you wish to enroll your child in Ursuline Academy?

Please describe your child's strengths and talents that can be further developed at Ursuline.

Has your child ever been accepted into a gifted program? If so, please describe.

What hobbies, sports or other activities interest your child?

Has your child ever been referred to any school office or counselor for disciplinary problems? Yes No

Has the applicant ever been suspended? Yes No

Has the applicant ever been expelled? Yes No

Has the applicant ever been asked to withdraw? Yes No

If so, please give brief details:

To ensure a successful experience in all activities at Ursuline, please explain any remedial instruction, psychological/educational evaluation, counseling, or special needs that your child may have.

RELEASE OF INFORMATION

If your child enrolls at Ursuline Academy, may Ursuline use photographs of your child for the Academy's publications, advertising, and website?

Yes No

If your child enrolls at Ursuline Academy, may Ursuline publish your name, address, and phone number in the Ursuline Academy Directory?

Yes No

If our child is accepted to Ursuline Academy, we agree to abide by all academic, behavioral, and financial rules of the school. We also understand that if after enrolled, our child is suspended, dismissed, or withdrawn, the Academy will not refund the tuition paid. We understand that the evaluation process for admission to Ursuline Academy involves many aspects. We hereby authorize Ursuline Academy to contact schools, educators, and/or caregivers to obtain information in support of this application for my child. We release every person and institution from any and all liability resulting from or pertaining to furnishing records, documents, and other information to Ursuline Academy for that purpose. We agree not to seek access to confidential recommendations and evaluation materials before or after Ursuline Academy has decided on our child's admission to Ursuline Academy.

APPLICANT NAME (PLEASE PRINT)

PARENT'S NAME (PLEASE PRINT)

SIGNATURE OF PARENT/GUARDIAN

DATE

PARENT'S NAME (PLEASE PRINT)

SIGNATURE OF PARENT/GUARDIAN

DATE

The above release must be signed by the applicant's parent(s) to process this application. *Please submit to:*

Director of Admission
Ursuline Academy
1106 Pennsylvania Avenue
Wilmington, DE 19806

Ursuline Academy of Wilmington, Delaware, founded in 1893 by the Ursuline Sisters, is an independent, Catholic, college-preparatory school. The mission of Ursuline Academy is the development of the whole person in a faith-centered community built on values of academic excellence, respect, and social consciousness. Ursuline Academy empowers students for leadership and service to others in our global society.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ FEE TYPE: _____

RECORDED BY: _____ FEE AMOUNT: _____