



Ursuline Academy Legacy Program Legacy Profile Form

Legacy Student Information

Grade Apply: _____ Full-time/ Part-time: _____

Title (Master, Miss): _____ Birthday (mm/dd/yy): _____

First Name: _____

Middle Name: _____

Last Name: _____

Suffix (Jr., Sr., etc.): _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Phone Number (xxx.xxx.xxxx): _____

Email: _____

Legacy Alumnae or Alumni Connections

Relationship to applicant:

- Mother is an alumna
- Father is an alumnus
- Grandmother is an alumna
- Grandfather is an alumnus

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

School & Country: _____

Phone Number: _____

Graduation Year: _____

Relationship to applicant:

- Mother is an alumna
- Father is an alumnus
- Grandmother is an alumna
- Grandfather is an alumnus

First Name: _____

Last Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

School & Country: _____

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School & Country: _____

Phone Number: _____

Graduation Year: _____