

**STELLA MARIS ACADEMY 2008 – 2009 REGISTRATION INFORMATION FORM**

Last Name \_\_\_\_\_

**STUDENT**

Last Name:	First Name:	Middle Name:
Address:	City:	Zip Code:
Home Phone:	<i>(Birth Certificate required for registration)</i> Date of Birth:	City/State of Birth:
Family Email:	U.S. Citizen: (circle one) Yes or No	If Applicable (you must provide a copy of Visa) Student Visa #
Ethnic Background:	Religion:	Parish:

*(Please select one of the following: American Indian, Black, Asian, Hispanic, White, Multi-Racial, All Others)***PARENTS***(specify if different)*

<b>Father:</b>	Address if different than student:	
Occupation:	<small>(if different than family email)</small> Email:	<small>(if different than student)</small> Home Phone:
Employer:	Work Phone:	Cell Phone:
Religion:	Parish:	
<i>(specify if different)</i> <b>Mother:</b>	Address if different than student:	
Occupation:	<small>(if different than family email)</small> Email:	<small>(if different than student)</small> Home Phone:
Employer:	Work Phone:	Cell Phone:
Religion:	Parish:	

**SACRAMENTS**

Baptismal Date:	First Reconciliation Date:	First Communion Date:
Church Name:	Church Name:	Church Name:
City, State:	City, State:	City, State:

***A copy of each Sacramental Certificate applicable for your child must accompany this form.******A copy of child's Immunization Record (State of CA Yellow Card) must accompany this form.***