

# MT. ST. MARY ACADEMY

400 So. Church Street, Grass Valley, CA 95945 • (530)273-4694 • Fax (530)273-1724

**REGISTRATION FEES:**

\$250.00 per student K-8

Registration fees cover instructional and medical supplies, textbooks and ITBS Testing, technology fee

Pre-K: \$90.00 per student

Attached please find check/cash for \$ \_\_\_\_\_

Check # \_\_\_\_\_

## 2009/2010 REGISTRATION APPLICATION

Family Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Student

Name(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager/Cell #: \_\_\_\_\_

Religion: \_\_\_\_\_ Catholic Registered Parish: \_\_\_\_\_ Envelope #: \_\_\_\_\_

\_\_\_\_\_ Christian \_\_\_\_\_ No Affiliation

If different from student's, please enter complete address and home phone in the space provided:

Father: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Pager/Cell #: \_\_\_\_\_

Religion: \_\_\_\_\_ Catholic Registered Parish: \_\_\_\_\_ Envelope #: \_\_\_\_\_

\_\_\_\_\_ Christian \_\_\_\_\_ No Affiliation

If different from student's, please enter complete address and home phone in the space provided:

Child(ren) are living with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (specify)

**NEW STUDENTS ONLY:** Please provide name and address of last school attended:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_