

QUINCY CATHOLIC ACADEMY
 370 Hancock Street ♦ Massachusetts 02171-2425
 2017 ~ 2018

Please include your registration fee of \$150 with the completed application.
(Current families ~ registration fee will be charged to the family FACTS account)

Please circle the Grade for which you wish to apply: PreK K1 K2 1 2 3 4 5 6 7 8
*Age child MUST BE by August 31, 2017 *3 *4 *5

STUDENT INFORMATION

Student Name: _____
Last Name First Name Middle Name

Student Address: _____
Street City State Zip Code + 4

Gender: _____ **Date of Birth:** _____ **Place of Birth:** _____
Certified

Religion: _____ **Student Race/Ethnicity:** _____ **Primary Language Spoken at home:** _____

Date of Baptism: _____ **Church of Baptism:** _____ **Home Parish:** _____
Certified

School (2016-2017): _____ **Grade (2016-2017):** _____

Siblings attending QCA: _____ **Grade:** _____
 _____ **Grade:** _____
 _____ **Grade:** _____

Student lives with: _____ **Both Parents** _____ **Birth Mother** _____ **Birth Father** _____ **Other** _____
 If someone other than the parent(s) is legally responsible for the child, please list below:

Name	Street Address	City/State/Zip Code + 4	Phone Number	Relationship
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FAMILY INFORMATION

Mother/Guardian 1 – Legal Name _____
Last Name First Name

Address: _____
Street City State Zip Code + 4

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Maiden Name: _____ **Place of Birth:** _____
City/State/Country

Relationship to Student: _____ **Religion:** _____

Father/Guardian 2 – Legal Name _____
Last Name First Name

Address: _____
Street City State Zip Code + 4

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____

Place of Birth: _____ **Religion:** _____ **Relationship to Student:** _____
City/State/Country

ADDITIONAL STUDENT INFORMATION

Has your child ever been placed on as Individual Education Plan (IEP) or had a CORE Evaluation? Yes _____ No _____

* If yes, please provide a copy with your application

Has your child ever been diagnosed with any learning disabilities? Yes _____ No _____

* If yes, please explain: _____

Has your child ever been suspended or expelled from school? Yes _____ No _____

* If yes, please explain: _____

Do you intend to use the: After School Program Yes _____ No _____

Do you intend to use the Quincy School Bus Transportation *if eligibility requirements are met?* Yes _____ No _____

DOCUMENTS NEEDED

In order for the student's application to be completed, the following documents must be received.

Registration Information Needed ~ All Students

- _____ A Non-Refundable \$150.00 registration fee per student due at time of registration for all new families
- _____ Immunization Record – up to date
- _____ Physical - within the year
- _____ TB Assessment – Document by Physician if Low Risk
- _____ Lead Test for Kindergarten 2 only
- _____ Birth Certificate
- _____ Baptismal Record if student is Catholic
- _____ A copy of all Academic Records, including the last two report cards
- _____ A copy of all Standardized Test results
- _____ Date and Parish – First Penance and First Communion – Grade Three and above

SIGNATURE

By signing below, I certify the above information is accurate.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date: _____

How did you hear about the Academy? _____ Newspaper Ad _____ Church Bulletin _____ Website
_____ Friends/Family _____ Another Parent (Name): _____
_____ Other (please specify): _____

Office Use Only

Registration Fee (New Families) ~ _____ cash _____ check # _____ Staff
Registration Fee (Current Families) ~ FACTS: _____ rec'd/Angela Miller

Documentation

_____ Birth Certificate _____ Baptismal Certificate _____ Health Information _____ Academic Record
_____ Report Cards _____ First Penance and First Communion Certificate ~ Date and Parish

Date of Completed File: _____ Completed By: _____