

QUINCY CATHOLIC ACADEMY RE-REGISTRATION

370 Hancock Street ♦ Massachusetts 02171-2425

2019~2020

Registration fee: \$100 per child (payable before March 31, 2019)

After March 31, 2019 registration fee will be \$150 per child

Will be billed through FACTS Account

FAMILY INFORMATION

Mother/Guardian 1 – Legal Name _____

Last Name

First Name

Address: _____

Street

City

State

Zip Code

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

Email: _____ Occupation: _____

Father/Guardian 2 – Legal Name _____

Last Name

First Name

Address: _____

Street

City

State

Zip Code

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

Email: _____ Occupation: _____

I WISH TO RE-REGISTER MY CHILD/CHILDREN FOR THE 2019-2020 SCHOOL YEAR AT QCA

Child's Last Name	Child's First Name	Present Grade
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following students(s) will NOT be attending QCA for the 2019-2020 school year:
(Please do not include 8th grade students who will graduate this year)

Name:	Present Grade	School Attending Next Year
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_____	_____	_____
_____	_____	_____

What influenced your decision: _____

ADDITIONAL STUDENT INFORMATION

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 _____ Before School Program _____

* Check any that apply.

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

SIGNATURE

My child will NOT be returning to Quincy Catholic Academy.

What influenced your decision: _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Office Use Only

Registration Fee: _____ Received: _____ Staff: _____

Date of Completed File: _____ Completed By: _____