

**QUINCY CATHOLIC ACADEMY**  
 370 Hancock Street ♦ Massachusetts 02171-2425  
 2019 ~ 2020

**Please include your registration fee of \$150 with the completed application.**

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, 2019                      \*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 (2018-2019):** \_\_\_\_\_ **Grade (2018-2019):** \_\_\_\_\_

**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 |
|------|----------------|-------------------------|--------------|--------------|
|      |                |                         |              |              |

**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 DiMarzio

### ***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: \_\_\_\_\_