

# QUINCY CATHOLIC ACADEMY RE-REGISTRATION

370 Hancock Street ♦ Massachusetts 02171-2425

2020-2021

## 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 2020-2021 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 2020-2021 school year:  
(Please do not include 8<sup>th</sup> grade students who will graduate this year)

Name:	Present Grade	School Attending Next Year
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_____	_____	_____
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What influenced your decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_