## **QUINCY CATHOLIC ACADEMY RE-REGISTRATION**

370 Hancock Street 

Massachusetts 02171-2425
2021-2022

Registration fee: \$100 per child (payable before March 31, 2021) After March 31, 2021 registration fee will be \$150 per child Will be billed through FACTS Account

## FAMILY INFORMATON

Mother/Guardian	1 – Legal Name _					
	0 _	Last Name		First Name		
Address:	Store at	City	State	Zip Code		
				1		
Home Phone:		Work Phone:		Cell Phone:		
Email:			Occupation:	pation:		
Father/Guardian 2	2 – Legal Name	Last Name				
	8 _	Last Name		First Name		
Address:	Street	City	04-4-	Zip Code		
	Street	City	State	Zip Code		
Home Phone:		Work Phone:		Cell Phone:		
Email:		Occupation:				
I WISI	H TO RE-REGIS	FER MY CHILD/CHILDR	EN FOR THE 2021-2	2022 SCHOOL YEAR	AT QCA	
					-	
Child's La	ast Name	Chil	Child's First Name		Present Grade	
		ing students(s) will NOT be lease do not include 8 <sup>th</sup> gra			ear:	
Name:		Pres	ent Grade	School Attend	ding Next Year	
What influ	enced your decisio	n:				

## ADDITIONAL STUDENT INFORMATION

Has your child ever been suspende	d or expelled from s	school? Yes	No	
* If yes, please explain:				
Do you intend to use the: After Sc * Check any that apply.	hool Program	Before Scl	hool Program	
Do you intend to use the Quincy S	chool Bus Transport	tation <i>if eligibility</i>	v requirements are met? Yes	No
		SIGNATURE		
My child will NOT be returning to	Quincy Catholic Ac	cademy.		
What influenced your decision:				
Name of Parent/Guardian (please prin				
Signature of Parent/Guardian:				
<i>Office Use Only</i> Registration Fee:	Received:		Staff:	
Date of Completed File:				