

QUINCY CATHOLIC ACADEMY
370 Hancock Street ♦ Massachusetts 02171-2425
2021 ~ 2022

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, 2021 *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 (2020-2021): _____ **Grade (2020-2021):** _____

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 currently have a State Child Care Voucher? Yes _____ No _____

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:

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: