QUINCY CATHOLIC ACADEMY

370 Hancock Street • Massachusetts 02171-2425 2022 - 2023

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

Please circle the Grade for which you wish to apply: PreK K2 *Age child MUST BE by August 31, 2022 STUDENT INFORMATION Student Name: Last Name First Name Middle Name Student Address: City State Zip Code + 4 Gender: Date of Birth: Place of Birth: Certified Religion: _____Student Race/Ethnicity: _____Primary Language Spoken at home: Church of Baptism: _____ Home Parish: ____ Date of Baptism: Certified School (2021-2022): _____ Grade (2021-2022): ____ 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 INFORMATON** Mother/Guardian 1 – Legal Name _____ Last Name First Name Address: ____ Street City State Zip Code + 4 Home Phone: ______ Work Phone: _____ Cell Phone: _____Occupation: _____ Email: Place of Birth: Maiden Name: City/State/Country Relationship to Student: Religion: Father/Guardian 2 – Legal Name Last Name First Name Address: Street City State Zip Code + 4 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? YesNo* 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? YesNo
* 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 <i>if eligibility requirements are met</i> ? 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
TB Assessment – Document by Physician if Low RiskLead Test for Kindergarten 2 onlyBirth CertificateBaptismal Record if student is CatholicA copy of all Academic Records, including the last two report cardsA copy of all Standardized Test resultsDate 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 AdChurch BulletinWebsiteAnother 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 Ry: