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, 2021 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 (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 **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: _____ ______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 Home 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 Inc * If yes, please provide a copy with your appl		EP) or had a CORE Evaluation? Ye	esNo
Has your child ever been diagnosed with	any learning disabilities?	Yes No	
* If yes, please explain:			
Has your child ever been suspended or ex	pelled from school? Yes_	No	
* If yes, please explain:			
Do you currently have a State Child Car Do you intend to use the: After School Pr Do you intend to use the Quincy School I	rogram Yes	No	No
	DOCUMENTS N	EEDED	
In order for the student's application to be	e completed, the following	documents must be received.	
<u>Re</u>	egistration Information N	Needed ~ All Students	
Lead Test for Kinderga Birth Certificate Baptismal Record if stu A copy of all Academic A copy of all Standardi	dent is Catholic Records, including the la zed Test results		
	SIGNATUR	E	
By signing below, I certify the above info	ormation is accurate.		
Name of Parent/Guardian (please print): _			
Signature of Parent/Guardian:		Date:	
	Friends/Family _	Church BulletinWeb	
Office Use Only Registration Fee (New Families) ~ Registration Fee (Current Families) ~ FA		check #	Staff
Documentation Birth Certificate Bapt Report Cards First			emic Record
Date of Completed File:	Completed By: _		