

# TRINITY CATHOLIC ACADEMY

Lower Campus: 631 N. Main Street ♦ Brockton, Massachusetts 02301

Upper Campus: 37 Erie Ave ♦ Brockton, Massachusetts 02302

2019-2020

Please include your registration fee of \$100 with the completed application.

Please circle the Grade for which you wish to apply: PS PK K 1 2 3 4 5 6 7 8  
\*Age child MUST BE by August 31, 2019 \*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 (2018-2019):** \_\_\_\_\_ **Grade (2018-2019):** \_\_\_\_\_

**Siblings attending TCA:** \_\_\_\_\_ **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 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 an 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 intend to use the: After School Program Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to use the Brockton 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 \$100.00 registration fee per student due at time of registration for all families
\_\_\_\_\_ Financial Contract signature page
\_\_\_\_\_ Immunization Record - up to date
\_\_\_\_\_ Physical - within the year
\_\_\_\_\_ TB Assessment - Document by Physician if Low Risk
\_\_\_\_\_ Lead Test for Kindergarten only
\_\_\_\_\_ Birth Certificate
\_\_\_\_\_ Baptismal Record if student is Catholic
\_\_\_\_\_ A copy of all Report cards received for current year and completed report card for prior year
\_\_\_\_\_ A copy of all Standardized Test results
\_\_\_\_\_ Date and Parish - First Penance and First Communion - Grade Three and above
\_\_\_\_\_ Discipline Report from current school

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 ~ \$ \_\_\_\_\_ Please circle: Cash or Check # \_\_\_\_\_ Date rec'd: \_\_\_\_\_ Staff Initial \_\_\_\_\_

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: \_\_\_\_\_