

TRINITY CATHOLIC ACADEMY RE-REGISTRATION

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

Upper Campus: 37 Erie Ave ♦ Brockton, Massachusetts 02302

2020-2021

Please include a **Registration Fee** of \$100 by March 30th, \$150 April 1st through June 30th, and \$200 thereafter with this form (cash or check)

FAMILY INFORMATION

Mother/Guardian 1 – Legal Name _____
Last Name First Name

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Father/Guardian 2 – Legal Name _____
Last Name First Name

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

I WISH TO RE-REGISTER MY CHILD/CHILDREN FOR THE 2020 - 2021 SCHOOL YEAR AT TCA

Child's Last Name	Child's First Name	Present Grade
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_____	_____	_____
_____	_____	_____
_____	_____	_____

The following student(s) will NOT be attending TCA for the 2020 - 2021 school year:
(Please do not include 8th grade students who will graduate this year)

Name:	Present Grade	School Attending Next Year
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_____	_____	_____
_____	_____	_____

What influenced your decision: _____

SIGNATURE

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Office Use Only

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

Date of Completed File: _____ Completed By: _____