

TRINITY CATHOLIC ACADEMY

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

Upper Campus: 37 Erie Ave ♦ Brockton, Massachusetts 02302

2020-2021

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

Please circle the Grade for which you wish to apply:

*Age child MUST BE by August 31, 2020

PS PK K 1 2 3 4 5 6 7 8
*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 (2019-2020): _____ **Grade (2019-2020):** _____

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 currently have and intend to use a State Child Care Voucher? Yes ___ No ___

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 \$150.00 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: _____