

# TRINITY CATHOLIC ACADEMY RE-REGISTRATION

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

Upper Campus: 37 Erie Ave ♦ Brockton, Massachusetts 02302

2019-2020

**Registration fee: \$100 per child (cash or check must be included with this form) due by Friday April 12<sup>th</sup>, 2019**

## 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 2019 - 2020 SCHOOL YEAR AT TCA

Child's Last Name

Child's First Name

Present Grade

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

**The following student(s) will NOT be attending TCA for the 2019 - 2020 school year:**

**(Please do not include 8<sup>th</sup> grade students who will graduate this year)**

**Name:**

**Present Grade**

**School Attending Next Year**

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

**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: \_\_\_\_\_