

TRINITY CATHOLIC ACADEMY BROCKTON

Upper Campus – Grades 4 - 8
37 Erie Avenue
Brockton, MA 02302

Lower Campus – Pre K - 3
631 North Main Street
Brockton, MA 02301

STUDENT REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ MI _____ GENDER M F
 ADDRESS _____ CITY/TOWN _____ ZIP _____ PRIMARY LANGUAGE _____
 (____)_____/_____/_____ BIRTH PLACE: CITY/STATE _____ COUNTRY _____ DATE OF ENTRY (if born outside U.S.) _____/_____/_____
 HOME TEL # _____ DATE OF BIRTH _____ BIRTH PLACE: CITY/STATE _____ COUNTRY _____ DATE OF ENTRY (if born outside U.S.) _____/_____/_____

DATE OF BAPTISM _____ PLACE OF BAPTISM _____ Copy of Baptismal Certificate
 DATE OF FIRST COMMUNION _____ PLACE OF FIRST COMMUNION _____ Copy of Communion Certificate
 DATE OF FIRST PENANCE _____ PLACE OF FIRST PENANCE _____ Copy of First Penance Certificate

SCHOOL PREVIOUSLY ATTENDED _____ ADDRESS _____ GRADE _____ Copy of most recent report card
 Previous School's Records received

- (CHOOSE ONE OR MORE)
- Hispanic or Latino - a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.
 - American Indian or Alaska Native - a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 - Asian - a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - Black or African American - a person having origins in any of the black racial groups of Africa.
 - Native Hawaiian or other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - White - a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 - Haitian
 - Multi-Racial

FAMILY INFORMATION

MOTHER/GUARDIAN NAME _____ LAST _____ FIRST _____ MI _____ MAIDEN NAME _____
 EMPLOYER _____ ADDRESS _____ CITY/TOWN _____ ZIP _____
 TEL # _____ CELL # _____ RELIGION _____ EMAIL ADDRESS _____
 FATHER/GUARDIAN NAME _____ LAST _____ FIRST _____ MI _____
 EMPLOYER _____ ADDRESS _____ CITY/TOWN _____ ZIP _____
 TEL # _____ CELL # _____ RELIGION _____ EMAIL ADDRESS _____

Sibling's First Name	Sibling's Last Name	Date of Birth	Name of School	Grade

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME

RELATIONSHIP

EMERGENCY TEL#

OTHER PERSON(S) AUTHORIZED TO PICK UP CHILD

NAME

RELATIONSHIP

TEL #

NAME

RELATIONSHIP

TEL #

NAME

RELATIONSHIP

TEL #

SPECIAL EDUCATION INFORMATION

Y ___ N ___

PLAN

PROTOTYPE

CHILD'S DISABILITY

TRANSPORTATION NEEDS

BILINGUAL INFORMATION

CHILD'S HOME LANGUAGE

PRIOR BILINGUAL PROGRAM

HEALTH INFORMATION

Parent/ Guardian has completed a *Confidential Student Emergency Information Form*

DATE COMPLETED ___/___/20___

IMMUNIZATIONS COMPLETED

CURRENT MEDICATION(S)

ALLERGIES

MEDICAL CONCERNS AFFECTING SCHOOL

ADDITIONAL COMMENTS

\$100 Registration Fee

_____ Check

_____ Money Order

_____ Cash

INTAKE PERSON

____/____/____
Date