

Quincy College Dual Enrollment Registration Form

Quincy College Use:

ID # _____

Date _____

High School Students Only

This Registration Form is for courses taught at select high schools only. A photo ID is required with all transactions.

Student Information

First Name _____

Middle Name _____

Last Name _____

Permanent Mailing

Number _____

Street/PO Box _____

Apartment Number _____

City _____

State _____

Zip _____

Country _____

Contact Information

Email Address _____

Social Security Number _____

(_____) _____
Home Phone

(_____) _____
Cell Phone

(_____) _____
Emergency Contact Phone

Name _____

Relationship to Student _____

For Quincy Campus:

Quincy College
Admissions Office
1250 Hancock Street
Quincy Center, MA 02169
phone: 617-984-1710
800-698-1700
fax: 617-984-1794
www.quincycollege.edu

For Plymouth Campus:

Quincy College
Admissions Office
36 Cordage Park Circle
Suite #228
Plymouth, MA 02360
phone: 508-747-0400
fax: 508-747-8169
www.quincycollege.edu

May we send text messages about Quincy College to your cell phone? Yes No

Demographic Information

_____/_____/_____(Month/Day/Year)
Date of Birth

Gender Male Female Other

High School Name _____

I am currently a high school Senior Junior Sophomore

If not a US citizen, you must submit a copy of a valid I-20 or green card.

Country of citizenship _____

Ethnic Group (optional)

Are you of Hispanic or Latino descent? Yes No

What is your race? Please check all that apply.

White Native Hawaiian or other Pacific Islander Black or African American

American Indian or Alaska Native Asian Other, please specify: _____

Enrolling for

Fall Spring Summer Winter Academic Year: _____

Course Info

Please use Quincy College's course information when filling out the courses below.

Course Code _____

Course title _____

Day(s) _____

Time _____

Tuition* _____

* Please see your Guidance Counselor for more information about course tuition.

Registrar staff
cut here

Payment Information

Check Visa American Express MasterCard Discover

Charge Card Authorization

Card Number _____

Expiration Date _____

CVV2 (Card Verification Value 2—the 3 or 4 digit number on the back of the card) _____

Name on Card _____

Signature _____