

CATHOLIC HIGH SCHOOL ENTRANCE EXAMINATION REGISTRATION FORM *(No Accommodations)*

Sponsored by the Catholic Secondary School Administration of the Diocese of Rockville Centre

WEB-SITE: www.cathhsli.org

Please print or type

STUDENT'S NAME: _____
(Last) (First) (Middle)

PARENTS' NAMES: _____

ADDRESS: _____
(Number) (Street) (Apt.)

(Town) (State) (Zip Code)

STUDENTS TELEPHONE: _____
(Area Code) (Number)

STUDENT'S DATE OF BIRTH: _____
(Mo/Da/Yr)

SEX: Male Female

RELIGION: _____

SCHOOL: *In which you are now attending the eighth grade*

TOWN: _____

PARISH CHURCH: *to which you belong*

TOWN: _____

TEST DATE:

Saturday, October 31, 2009
8:30 AM

MAKE-UP DATE:

Saturday, November 7, 2009
8:30 AM

NON-REFUNDABLE APPLICATION FEE:
\$35.00, additional \$15.00 walk-in fee.

Make checks payable to:
CHSEE, Inc.

DO NOT SEND Certified or Express Mail

RETURN APPLICATION WITH FEE TO:

CHSEE, Inc.
P.O. Box 361, Mineola, N.Y. 11501-0361

Please submit registration by
October 7, 2009

Walk-ins are permitted on day of test.