

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: _____

PARENTS' EMAIL : _____

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

_____ (Town) (State) (Zip Code)

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 30, 2010
8:30 AM

MAKE-UP DATE:
Saturday, November 6, 2010
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 6, 2010
Walk-ins are permitted on day of test.