

CATHOLIC HIGH SCHOOL *(Register on-line at www.CHSEE.org)* ENTRANCE EXAMINATION REGISTRATION FORM *(Accommodations)*

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

WEB-SITE: www.CHSEE.org

Please print or type

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

PARENTS' NAMES: _____

PARENTS' E-MAIL _____

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: _____

Please check accommodation required:

Extended Time (Time and 1/2)

Enlarged Print (122%)

Both

Please check preferred test site:

Holy Trinity Diocesan HS (Hicksville)

St. John the Baptist Dioc. HS (West Islip)

McGann-Mercy Dioc. HS (Riverhead)

TEST DATE:

Saturday, October 29, 2011, 8:30 AM

There are NO WALK-INS for this exam.

THERE IS NO MAKE-UP DATE

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NON-REFUNDABLE APPLICATION FEE:
\$40.00

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 5, 2011