

CATHOLIC HIGH SCHOOL ENTRANCE EXAMINATION REGISTRATION FORM

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: _____

(Accommodations)

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 30, 2010, 8:30 AM

There are NO WALK-INS for this exam.

THERE IS NO MAKE-UP DATE

NON-REFUNDABLE APPLICATION FEE:
\$35.00

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 6, 2010