

Catholic High School Entrance Exam Registration Form (No Accommodations)

Register on-line at www.CHSEE.org or complete all information below.

Please print all information.

Student's Name: _____
(Last) (First) (Middle)

Parent's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Primary Telephone: () _____ - _____ Student's Date of Birth ____/____/____

Parent E-Mail Address: _____

Sex: _____ Male _____ Female Religion: _____

School where you are now attending the eighth grade: _____

Town: _____

Parish Church to which you belong: _____

Town: _____

Test Date:
Saturday, October 28, 2017
8:30 AM
Make-up Date:
Saturday, November 4, 2017
8:30 AM

Non-Refundable Registration Fee
\$60.00. Additional \$15.00 late
and walk-in fee will be applied
after October 4, 2017

Make checks payable to:
CHSEE, Inc.

Return registration with fee to:

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

**Please submit registration by October 4, 2017.
Walk-ins permitted on day of test.
Students with accommodations cannot be walk-ins.
DO NOT SEND CERTIFIED MAIL OR RETURN RECEIPT REQUESTED.**