

REGISTRATION FORM: NO ACCOMMODATIONS

CATHOLIC HIGH SCHOOLS ENTRANCE EXAM

REGISTER ONLINE AT WWW.CHSEE.ORG.

PLEASE PRINT ALL INFORMATION.

STUDENT'S NAME: _____

LAST

FIRST

MIDDLE

PARENT(S) NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PRIMARY TELEPHONE NO: (____) ____ - _____ STUDENT'S DATE OF BIRTH: ____/____/____

PARENT EMAIL ADDRESS: _____

SEX: MALE FEMALE

RELIGION: _____

SCHOOL IN WHICH YOU CURRENTLY ATTEND 8TH GRADE: _____

TOWN: _____

PARISH CHURCH TO WHICH YOU BELONG: _____

TOWN: _____

TEST DATE:

Saturday, Oct. 27, 2018

8:30 a.m.

MAKE-UP DATE:

Saturday, Nov. 3, 2018

8:30 a.m.

Non-refundable registration fee \$60. Additional \$15 late and walk-in fee will be applied after Oct. 5, 2018.

Please 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 **OCT. 3, 2018**. WALK-INS PERMITTED ON DAY OF TEST.
DO NOT SEND CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR FAX.