

REGISTRATION FORM: **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. 26, 2019

8:30 a.m.

NO WALK-INS

NO MAKE-UP DATE

Non-refundable registration fee \$60

CHECK ACCOMMODATIONS REQUIRED

- EXTENDED TIME (time and 1/2)
 ENLARGED PRINT (122%)
 EXTENDED TIME AND ENLARGED PRINT

CHECK PREFERRED TEST SITE

- HOLY TRINITY (HICKSVILLE)
 ST. JOHN THE BAPTIST (W. ISLIP)

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 SEPT. 27, 2019. STUDENTS WITH ACCOMMODATIONS CANNOT TAKE THE TEST AS WALK-INS.
DO NOT SEND CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR FAX.**