

TESTING ACCOMMODATIONS: ELIGIBILITY FORM

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: _____

A response will be sent to the parent via email to confirm the request for an accommodation.

A current IEP or 504 must specifically state that extended testing time, enlarged print, and/or extended time and enlarged print is an allowable accommodation. **The application will not be processed without accompanying documentation.**

PLEASE SELECT: EXTENDED TIME ENLARGED PRINT EXTENDED TIME AND ENLARGED PRINT

PARENT AGREEMENT: I verify that the above information is correct and that the above-mentioned student is eligible to apply for extended testing time and/or enlarged print for the CHSEE 2019 test.

PARENT SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM ALONG WITH ACCOMPANYING DOCUMENTATION TO:

CHSEE, Inc.
 P.O. Box 361
 Mineola, NY 11501-0361
 or contact www.CHSEE.org

FORMS AND DOCUMENTATION MUST BE POSTMARKED BY SEPT. 27, 2019.

PLEASE CONTINUE TO COMPLETE THE REGISTRATION PROCESS.