

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. 26, 2019
8:30 a.m.

MAKE-UP DATE:

Saturday, Nov. 2, 2019
8:30 a.m.

Non-refundable registration fee \$60. Additional \$15 late and walk-in fee will be applied after Oct. 2, 2019.

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. 2, 2019**. WALK-INS PERMITTED ON DAY OF TEST.
 DO NOT SEND CERTIFIED MAIL, RETURN RECEIPT REQUESTED, OR FAX.