



SECONDARY SCHOOLS EXAM REGISTRATION FORM

Please complete Parts A & B.

Student Name: _____ Current Grade Level: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Parent Name: _____
Parent Email: _____
Telephone: () _____ Current School: _____

PART A

My child will be taking the scholarship exam at (choose one):

- | | |
|---|---|
| <input type="checkbox"/> Academy of the Holy Names | <input type="checkbox"/> Notre Dame-Bishop Gibbons School |
| <input type="checkbox"/> Catholic Central School | <input type="checkbox"/> Saratoga Central Catholic School |
| <input type="checkbox"/> Christian Brothers Academy | |

***Please note exam not being offered at La Salle Institute*

PART B

Please indicate up to three school(s) you would like to receive your child's results. If you choose more than one, please designate rank order using 1, 2 and, if necessary, 3:

- | | |
|---|---|
| <input type="checkbox"/> Academy of the Holy Names | <input type="checkbox"/> La Salle Institute |
| <input type="checkbox"/> Catholic Central School | <input type="checkbox"/> Notre Dame-Bishop Gibbons School |
| <input type="checkbox"/> Christian Brothers Academy | <input type="checkbox"/> Saratoga Central Catholic School |

I give permission for my child's scholarship exam results to be sent to these schools.

Parent/Guardian Signature: _____

Please mail this form to the location where the student intends to take the exam. Registration forms should be submitted one week prior to the testing date, if possible. Forms may also be brought to the testing site.