



EVENTH GRADE PRACTICE TEST REGISTRATION FORM

SPRING 2011
SATURDAY, MARCH 12

STUDENT'S NAME: _____

ADDRESS: _____

(Street)

(City)

(State)

(Zip Code)

TELEPHONE: _____ CELL: _____ DOB: _____

PRESENT SCHOOL: _____

SCHOOL ADDRESS: _____

FATHER'S NAME: _____ MOTHER'S NAME: _____

PARENT EMAIL: _____

Please mail this form with the **\$30 non-refundable test registration fee** to Nazareth Academy High School by **Friday March 4, 2010.**

Please make checks payable to Nazareth Academy High School. Office Use Only: Check _____ Cash _____ Date of Rec. _____

Nazareth Academy High School • Advancement Office • 4001 Grant Avenue • Philadelphia PA 19114 • 215.268.1026