

STUDENT'S NAME: _____

ADDRESS: _____

(Street)

(City)

(State)

(Zip Code)

TELEPHONE: _____ CELL: _____ DOB: _____

PRESENT SCHOOL: _____

SCHOOL ADDRESS: _____

PRESENT PARISH: _____

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

Are you interested in receiving information on the Art Scholarship? YES NO

Are you interested in receiving information on the auditions for the Music Scholarship? YES NO

If yes, please indicate: Vocal Instrument: _____

Please mail this form with the **\$40 non-refundable test registration fee** to Nazareth Academy High School Admissions Office by **Friday October 17, 2008**.

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