



EIGHTH GRADE ENTRANCE/SCHOLARSHIP EXAM REGISTRATION FORM

FALL 2010
SAT. OCTOBER 30

STUDENT'S NAME: _____

ADDRESS: _____
(Street)

_____ *(City)* _____ *(State)* _____ *(Zip Code)*

TELEPHONE: _____ CELL: _____ DOB: _____

PRESENT SCHOOL: _____

SCHOOL ADDRESS: _____

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

PARENT EMAIL: _____

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 by **Friday, October 15, 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