

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: _____

Test registration fee is **non-refundable \$40 before October 1, 2011**. Test fee is **\$50 per student after October 1**.

Please make checks payable to Nazareth Academy High School.

Office Use Only: Check _____ Cash _____ Date of Rec. _____