Mount St. Mary Academy
Placement Test Registration
Saturday, December 10, 2016

Student Name: _____
Last First Middle

Address: _____ City: _____ Zip: _____

Current School: _____ Grade: _____

Parent(s)/Guardian(s): _____

Home Phone: _____Cell: _____ Email: _____

Please return to the Admissions Office in the attached envelope and enclose ***$15 Examination Fee (Non-Refundable) prior to November 10th and $20 after November 10th.***
Make checks payable to Mount St. Mary Academy.
DO NOT ENCLOSE CASH

For Official Use Only:

Date Received: _____