

2010 ENTRANCE EXAM REGISTRATION & TRANSCRIPT RELEASE FORM

MOUNT SAINT CHARLES ACADEMY

Instructions

Complete the information below. Indicate the date your child will take the entrance exam. If pre-registering, return the completed application form (Part I-Parent), this form, and the non-refundable \$25 application fee (check payable to Mount Saint Charles Academy) to:

Admissions, Mount Saint Charles Academy, 800 Logee Street, Woonsocket RI 02895

Please Print or Type

Student Name _____
LAST FIRST M.I.

Address _____

City _____ **State** _____ **Zip** _____

Phone number (_____) _____ **Current Grade** _____

Present School _____

School Address _____
NUMBER & STREET CITY STATE ZIP

Reservation for entrance exam to be held on

- Saturday, December 5, 2009 at 8:15 am
- Saturday, December 12, 2009 at 8:15 am
- Saturday, March 6, 2010 at 8:15 am
- Saturday, May 8, 2010 at 8:15 am

Please note: some classes may be full and testing on March 6 or May 8 may be for waiting list spots only.

- Testing elsewhere:**
Where: _____
When: _____

A completed application includes

- test registration & transcript release form
- a completed application
- \$25 non-refundable application/testing fee

All parts need to be submitted on or before the testing date. If testing elsewhere, parent is responsible for getting test results to us.

TRANSCRIPT RELEASE AUTHORIZATION

Dear Principal/Guidance Director:

I hereby authorize my child's school to forward to MOUNT SAINT CHARLES ACADEMY the following information: grades, standardized testing scores, absence/tardy record, disciplinary action, and any other pertinent information along with the completed confidential teacher recommendation form. I understand that recommendations completed as part of the admissions process are not subject to my review and do not become part of the student's permanent record file.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE