St. Helen Catholic School Test Reservation (PLEASE PRINT)

Please complete and return this card with **$100 application fee** to the school office with your registration packet. Make checks or money orders payable to St. Helen Catholic School.

Student Name:

_____

Last First MI

ATTACH PICTURE OF STUDENT HERE

Grade Applying For: _____ Birthdate: _____

Parent/Guardian: _____

Address:

_____

Street City State Zip

Parent Cell Number: _____-_____ **Email:** _____

Check one:

O PK4 – 8th grade **March 5, 2022 Arrive 9 a.m.**

O PK3 ONLY (DATE TBD)