

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

Grade Applying For: _____ Birthdate: _____

Parent/Guardian: _____

Address:

_____ Street City State Zip

Parent Cell Number: _____ - _____ Email: _____

Please print.

Check one:

PK4 – 8th grade **March 25, 2023** Arrive **9 a.m.**

PK3 ONLY (DATE TBD)

ATTACH
PICTURE
OF
STUDENT
HERE