



Notre Dame – Bishop Gibbons School offers three academic scholarships to the top three students entering grade 6 and grade 9 that take this exam.

The exam booklets are ordered so it is important to please return this form to ND-BG one week prior to the November, 19th exam.

Student Name: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Current School: \_\_\_\_\_

### **PART A**

\_\_\_ My child will be taking the entrance exam at (choose one):

- |  |   |
|--|---|
| ___ Academy of the Holy Names (Nov. 19)    | ___ LaSalle Institute (Nov. 19)                     |
| ___ Bishop Maginn High School (Nov. 19)    | ___ Notre Dame-Bishop Gibbons School (Nov. 19)      |
| ___ Catholic Central High School (Nov. 19) | ___ Saratoga Central Catholic High School (Nov. 19) |
| ___ Christian Brothers Academy (Nov. 5)    |   |

### **PART B**

Please indicate up to three school(s) you would like to receive your child's results. If you choose more than one, please designate rank order using 1, 2 and, if necessary, 3:

- |                                  |   |
|----------------------------------|---|
| ___ Academy of the Holy Names    | ___ LaSalle Institute                     |
| ___ Bishop Maginn High School    | ___ Notre Dame-Bishop Gibbons School      |
| ___ Catholic Central High School | ___ Saratoga Central Catholic High School |
| ___ Christian Brothers Academy   |   |

I give permission for my child's entrance exam results to be sent to these schools.

Parent/Guardian Signature: \_\_\_\_\_

*Please return this form to the location where the student intends to take the exam. Registration forms should be submitted one week prior to the testing date.*

(over)