



Archbishop Coleman F. Carroll HIGH SCHOOL

Entrance Exam Registration

Exam Registration fee: \$50.00
Exam Date: December 1, 2018

Student Information:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Street Address	City	State
_____	_____	_____
Gender (M/F)	Date of Birth	Current School
_____	_____	_____
		Current Parish

Does student receive any of the following Scholarships?

(circle any that apply)

Does the Student require accommodations? _____ Yes* _____ No

*Will require approval from Director of Special Education.

SUFS (Step Up for Students)

AAA

McKay | Gardiner

Parent/Guardian Information:

_____	_____	_____
Mother's Last Name	First Name	Middle Initial
_____	_____	_____
Primary Phone Number	Alternate Phone Number	Email
_____	_____	_____
Father's Last Name	First Name	Middle Initial
_____	_____	_____
Primary Phone Number	Alternate Phone Number	Email

Additional Information:

How did you hear about us? (circle): Student/Parent | Faculty/Staff | School Website | School Visit | Current School | Parish | Friend/Family _____ | Other _____

Sibling(s) or Relative(s) attending ACC High School: _____ | _____ | _____
name(s) relationship grade

Relative(s) who graduated from ACC High School: _____ | _____ | _____
name(s) relationship year

In what activities, sports or clubs are you interested in?
