

# Scholarship / Entrance Exam Registration

Applying for grade 9 in 20 \_\_\_\_\_

Please return this form by October 12th with a non-refundable \$25.00 testing fee.

## Student Information

(Please type or print clearly)

Applicant's Name: \_\_\_\_\_

first

middle

last

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

street

city

state

zip code

Home Telephone: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Current School: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



480 Bryn Mawr Avenue, Bryn Mawr, Pennsylvania 19010  
Phone (610) 527-3915 • Fax (610) 527-0942  
[www.cdssh.org](http://www.cdssh.org)