

Fax to 707-255-1581 or mail to:
Kolbe Academy
CAT/5 Service
1600 F Street
Napa, CA 94559

KOLBE ACADEMY'S CAT/5 SERVICE REGISTRATION FORM

Pricing:
• \$40/test for registered families
• \$50/test for non-registered families
• Sorry No Out-of-Country

Parents' Names: Father (first name) _____ Mother (first name) _____ Family (last name) _____

Street Address _____ City _____ State _____ Zip _____

Phone Number: _____ e-mail: _____

Date you would like to administer test(s): _____

Please register your child's name EXACTLY as it will be written on the test. Please list the grade of the test you want if your student is testing above/below their grade level.

Student's Name **Birth Date** **Testing Grade Level**

First _____ Middle Initial _____ Last (if different) _____ Birth Date _____ Testing Grade Level _____

First _____ Middle Initial _____ Last (if different) _____ Birth Date _____ Testing Grade Level _____

First _____ Middle Initial _____ Last (if different) _____ Birth Date _____ Testing Grade Level _____

First _____ Middle Initial _____ Last (if different) _____ Birth Date _____ Testing Grade Level _____

First _____ Middle Initial _____ Last (if different) _____ Birth Date _____ Testing Grade Level _____

(Please write additional names on the back of this form. Be sure to include full name, date of birth and Testing Grade Level.)

Method of payment:

VISA MASTER CARD DISCOVER Check Amount: \$ _____

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ Amount: \$ _____

I agree to read all testing instructions carefully upon receipt. I acknowledge that Kolbe Academy is not responsible for any unscorable tests. I understand that all testing materials are on loan from Kolbe Academy and that I am responsible for any lost or unreturned materials at an additional cost of \$70 per test. I further acknowledge that all materials must be returned to Kolbe Academy within three weeks of receipt.

Parent Signature: _____

_____ Date