

**ASHEVILLE CATHOLIC SCHOOL
APPLICATION FOR ADMISSIONS SCREENING**

___ Sibling applicant

Date: _____ Applicant's Name: _____

Age: _____ Date of Birth: _____

Parent Name(s): _____

Address: Street _____ City _____ Zip _____

Phone:

Mother: Home _____ Work# _____ Cell# _____

Father: Home _____ Work# _____ Cell# _____

Current Grade: _____

Applying to Grade: _____

I HAVE ENCLOSED A CHECK FOR \$74.00 (PER CHILD) TO ABC EDUCATIONAL SERVICES, INC., FOR AN ADMISSIONS SCREENING BATTERY FOR THE 2017-2018 ACADEMIC YEAR.

I understand that I will receive a call from the ABC office to schedule my child's screening, and that this fee is non-refundable if I cancel or do not show up for my appointment. If it should become necessary for me to reschedule within 48 hours of my child's appointment, I will pay an additional \$15.00 rescheduling fee, due upon arrival at the new appointment.

PARENT SIGNATURE

Your child's screening results will be sent directly to you by Asheville Catholic School.

PLEASE RETURN FORM AND PAYMENT TO:

**ABC Educational Services, Inc.
201 East Matthews Street, Suite 102
Matthews, NC 28105
(704) 443-2990
Toll-free (877) 814-0123**