

Fax to 707-255-1581 or mail to:  
Kolbe Academy  
CAT/5 Service  
2501 Oak Street  
Napa, CA 94559

# KOLBE ACADEMY'S CAT/5 SERVICE REGISTRATION FORM

**Pricing:**  
• \$40/test for registered families  
• \$50/test for non-registered families  
• Non-APO/FPO international orders  
add \$10.00 US for shipping

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): \_\_\_\_\_  
We will make every effort to accommodate your desired testing date.

**Please register your child's name EXACTLY as it will be written on the test.**

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

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last (if different) \_\_\_\_\_

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last (if different) \_\_\_\_\_

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last (if different) \_\_\_\_\_

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last (if different) \_\_\_\_\_

First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last (if different) \_\_\_\_\_

(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 \_\_\_\_\_