Holy Name Society





CITY OF NEW YORK

BROOKLYN AND QUEENS

Dear Student,

Please fill in the below listed information and return it to the proctor before you begin the examination.

CHECK ONE: MALE	() FEMALE ()		TODAY'S DATE:
CHILD'S NAME			
 	(PLEASE I	PRINT)	
PARENT'S NAME	- -		
NYPD JOB STATUS	ACTIVE ()	<u>RETIRED</u> ()
IF ACTIVE RANK	As	SSIGNMENT_	
ADDRESS			
	(NUMB	ER AND STRE	ET)
(TOWN)	annagas kalanda kan ar Paran Paran kalanda kan ar pada da anaga kan kan ar kan ar kan ar kan ar kan ar kan ar k	(STATE)	(ZIP CODE)
HOME TELEPHONE			
	(AREA CODE)	(NU	MBER)
SCHOOL YOU CURRE	NTLY ATTEND_		
SCHOOL YOU PLAN T	O ATTEND		

If for some reason, you cannot fill in the above information, hold the form until you complete the examination. Once outside the classroom, and before leaving for home, obtain the missing information from your parent and return the form to one of the Holy Name Society Board Officers. Good Luck!

Bruce Petry Chairperson