

**St. Thomas More Catholic High School**  
**Explore Test**  
**Saturday, December 5, 2009**

**Student's Name:** \_\_\_\_\_

**Parent's Name :** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Student's Social Security #:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**School Currently Attending:** \_\_\_\_\_

**Testing fee \$20.00**

*For office use*      **date** \_\_\_\_\_      **Check #** \_\_\_\_\_