



COLLABORATIVE
ACADEMIC
TESTING
SERVICE, P.A.

3 Park Central, Suite 1470
12700 Park Central Drive
Dallas, Texas 75251

469-484-2994
catsmail@sbcglobal.net
www.catstexas.com

Registration Form Houston-Area Applicants

Contact Information

Student First Name:	Student Last Name:
Preferred Name:	Gender: <i>Female</i> <i>Male</i>
Date of Birth:	Applying to grade:
Parent(s)/Guardian(s) Name(s):	
Street Address:	
City, State:	ZIP:
Preferred Phone:	Alternate Phone:
Languages Spoken in Home:	
Email address (please print clearly):	
<i>All appointments will be scheduled by email from catsmail@sbcglobal.net. Please make sure you can receive emails from this address.</i>	

Scheduling

Upon receipt of the registration form and fee, your child will be assigned to a tester in a morning time slot. Please indicate your first, second, and third choices for day and time by placing a 1, 2, or 3 in the boxes below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30-10am						
10-11:30 am						
Please indicate dates your child is unavailable for testing:						
Please indicate any preferred testing dates your family may have:						

Schools

Please list the school(s) you wish to receive the results.

Mail completed registration form to: Collaborative Academic Testing Service, P.A. (see address above).
Enclose a \$285 check payable to C.A.T.S. There is a \$30 fee for returned checks. **CHECK # _____**
Please see the CATS website for withdrawal and rescheduling policies.