REDEMPTORIST

Diocesan Regional Catholic HIGH SCHOOL

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Administrative Office

APPLICATION FOR TEST ACCOMMODATIONS
STAR LAB (DYSLEXIA)

Date Applied: _____ Date Received: _____
(for office use only)

Applying for grade: 10th 11th 12th

Applicant's Name: _____
First Middle Last

Name applicant goes by: _____ Male _____Female _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Day or Cell Phone: _____