

# The Prout School



## Entrance Exam Registration

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ M. F. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

EMAIL ADDRESS \_\_\_\_\_

PRESENT SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

EXAM DATE \_\_\_\_\_ FEE \$25.00 CHECK # \_\_\_\_\_

Please make checks payable to *The Prout School*

Exam begins promptly at 8:30 a.m., please bring 2 no. two pencils.

**Return registration to Kristen Need/ Admissions Office 4640 Tower Hill Rd. Wakefield, RI 02879**