

Lakeland Central School District

PSAT Registration Form

STUDENT NAME: _____

ID #: _____

GRADE: _____

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN PHONE NUMBER: _____

PAYMENT (please circle one): CASH CHECK # _____

Checks in the amount of **\$37** should be made out to: ***Lakeland Central School District***

Payment is due **Friday, October** ^{2nd}. It may be dropped off or mailed to your respective high school at the following address:

Lakeland High School
1349 E. Main Street
Shrub Oak, NY 10588
Attn: Guidance Dept. – PSAT

Walter Panas High School
300 Croton Avenue
Cortlandt Manor, NY 10567
Attn: Guidance Dept. – PSAT

No late payments will be accepted. *This form must accompany payment.*

