

CATHOLIC HIGH SCHOOL PLACEMENT TEST REGISTRATION FORM

Who: Eighth grade pupils wishing to attend Catholic high school, must fill out this registration form and return it to their first choice high school listed below. Test results will be distributed to Catholic high schools in the Diocese of Trenton, as coded by the student taking the test.

NOTE: Test results will be distributed to Catholic high schools in the Trenton Diocese, as coded by the student taking the test.

When: Saturday, November 5, 2016

AN EIGHTH GRADE STUDENT SHOULD REGISTER AT THE HIGH SCHOOL THAT IS HIS/HER FIRST CHOICE TO ATTEND.

Where: High School Test Centers

<u>High School</u>	<u>Phone No.</u>	<u>Address</u>	<u>Zip</u>
Red Bank Catholic High	732-747-1774	112 Broad St., Red Bank	07701
St. John Vianney	732-739-0800	540 Line Road, Holmdel	07733
Msgr. Donovan	732-349-8801	711 Hooper Ave., Toms River	08753
St. Rose High School	732-681-2858	607 Seventh Ave., Belmar	07719
Trenton Catholic Academy	609-586-3705	175 Leonard Ave., Trenton	08610
Holy Cross	856-461-5400	5035 Route 130 South, Delran	08075

Directions for Registering:

1. Fill out the form below.
2. Attach check for the required testing fee (\$50) made out to the high school where the placement test is taken.
3. Mail the check with this Placement Test Registration Form to the high school test center where you will take the test by **October 20,2016**

PLACEMENT TEST REGISTRATION FORM

PRINT PUPIL'S LAST NAME, FIRST NAME

STREET ADDRESS

CITY

STATE /ZIP

HOME PHONE

NAME OF HIGH SCHOOL TEST CENTER
at which pupil will take placement test
on November 5,2016

ELEMENTARY SCHOOL
PRESENTLY ATTENDING

CITY

HAVE YOU ATTACHED YOUR CHECK?

MAIL TO THE TEST CENTER DEADLINE:

CATHOLIC SECONDARY SCHOOLS: REQUEST FOR RECORDS

DIOCESE OF TRENTON NOTE: Please return this form to the Elementary School Principal

The Catholic Schools within the Diocese of Trenton do not discriminate on the basis of race, color, sex, nationality or ethnic origin in the acceptance of students.

To be completed by Student:

Please Print

Name _____

Parent/Guardian Name(s) _____

Address _____

Work Telephone-Father _____

City/State/Zip _____

Work Telephone-Mother _____

Telephone (H) _____

First Choice _____

Date & Place of Birth _____

Second Choice _____

Religious Affiliation: Catholic ___ Other _____

Home Parish of Student _____

Signature of Student

School Now Attending _____

Brothers and Sisters presently in Catholic Secondary Schools:

SCHOOL

GRADE

To be completed by Elementary School:

ATTACH REPORTS OF GRADES 6, 7, 8 WITH EXPLANATION OF GRADING SYSTEM.
ATTACH STANDARDIZED TEST SCORES FOR SAME GRADES. (MOST RECENT SCORES)

COMMENTS:

SIGNATURE AND TITLE OF ELEMENTARY SCHOOL OFFICIAL

DATE:

To be completed by Parent/Guardian:

The Principal of _____ Elementary School hereby has my permission to release the
School Name

mandated records of _____ to the following high school: _____
Child's Name

Information to other high schools will be sent, at parent's request, by the high school initially receiving the student's records.

Date

Signature of Parent/Guardian