

PENSACOLA CATHOLIC HIGH SCHOOL
PLACEMENT TEST PRE-REGISTRATION FORM



STUDENT INFORMATION

Student Name _____ Sex _____ Date of Application _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Current School _____

School Address _____ City _____ State _____ Zip _____

Number of years student has attended this school _____ Contact Person at Current School _____

School attended immediately prior to current school _____

Religion _____ Parish _____

Social Security Number _____

Student Resides With: *(Check one)* _____ Mother & Father _____ Mother & Stepfather _____ Legal Guardian(s)
(Please refer to this selection when _____ Mother Only _____ Father & Stepmother _____ Grandparent(s)
completing demographic information _____ Father Only _____ Other: _____ *(please fill in)*
on student's residential parents directly below.)

PARENT/GUARDIAN INFORMATION:

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR THE ADULT(S) (checked above) WITH WHOM THE STUDENT RESIDES TO WHOM WE SHOULD SEND ANY FUTURE MAILINGS RELATED TO ADMISSIONS

Father/Guardian _____	Mother/Guardian _____
Religion _____ Parish _____	Religion _____ Parish _____
Occupation _____	Occupation _____
Place of Employment _____	Place of Employment _____
Home Phone # _____	Home Phone # _____
Cell Phone # _____	Cell Phone # _____
Work Phone # _____	Work Phone # _____
e-mail address _____	e-mail address _____

CHARACTER REFERENCE:

Please complete information for a character reference who is an administrator or a faculty member from the current school.

Name _____ Title/Position _____

Address _____ Phone _____

DISCIPLINE HISTORY:

I give permission for Pensacola Catholic High School to ask for any discipline/academic information from my child's current/previous school. _____ (Parent's Signature)

Please describe fully any discipline incidents in which this student has been involved in the past two years.

Has your student been suspended or asked to leave any school? Yes _____ No _____

If yes explain:

LEARNING DISABILITIES/DIFFICULTIES

Has your student been diagnosed with a learning disability, behavior dis-order or other condition such as Attention Deficit or Hyperactivity? * _____ Yes _____ No

Please describe the nature of the disability/problem. _____

Does this student currently have a McKay Scholarship? _____ Yes _____ No

Does this student have a current Individualized Education Plan (IEP)/504? * _____ Yes _____ No

A student may qualify to study under a State-sponsored McKay Scholarship at Catholic High School if:

1. They already have a McKay Scholarship now at their current school and may bring it with them, OR
2. If they do *not* currently have a McKay Scholarship but are entering Catholic High School from a public school AND they have a current IEP.

*If your student has been diagnosed with a learning disability/problem and/or has an IEP/504 (current or not) we will need copies of these on the day that the student takes the Placement Test.

Any eighth grader taking the Placement Test should bring this completed form with them to Catholic High School on Saturday, November 16, 2013, 8:00 a.m., the day of the Placement Test. Please do not mail to Catholic High School in advance. Students should report to the CHS Library and bring:

- a. this completed form
- b. the \$15 test fee
- c. two #2 pencils