



ST. EDWARD CENTRAL CATHOLIC HIGH SCHOOL PLACEMENT TEST REGISTRATION & RELEASE OF RECORDS

Please bring this form with you to the exam on Saturday, January 7th, 2017. Plan to arrive by 8:15 am. The exam will start at 8:30 and conclude at 12:00 p.m. Calculators are not allowed and pencils will be provided. The exam fee is \$15.00. Please make checks payable to St. Edward High School.

| | | |
|-------------------|------------|---------|
| Student Last Name | First Name | Sex F/M |
|-------------------|------------|---------|

Mr. and Mrs.

| | |
|--------------------------|------------------------|
| Parent or Legal Guardian | First and Last Name(s) |
|--------------------------|------------------------|

| | | |
|--------------|------|-----|
| Home Address | City | Zip |
|--------------|------|-----|

Family Email Address

| | |
|----------------------------|------------------|
| School Presently Attending | Church or Parish |
|----------------------------|------------------|

Emergency contact during placement test:

| | | |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
|------|--------------|--------------|

RELEASE OF RECORDS

St. Edward Central Catholic High School, 335 Locust Street, Elgin, IL 60123, will be requesting 7th and 8th grade academic records as well as junior high standardized test results on your above named student to assist us in your student's academic placement prior to enrollment.

I, _____, authorize my student's school to release the requested records to St. Edward Central Catholic High School.
(Please print parent / guardian name)

(Parent / Guardian signature)

Date