

## ST. EDWARD CENTRAL CATHOLIC HIGH SCHOOL

## PLACEMENT TEST REGISTRATION & RELEASE OF RECORDS

Please bring this form with you to the exam on

## December 7th, 2019 or January 11th, 2020.

Plan to arrive by 8:15 am. The exam will start at 8:30 a.m. and conclude around 12 p.m. 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 placeme       | nt test:                               |  |
| Name                                   | Relationship                           | Phone Number   |
|  | RELEASE OF RECORE                      | os   |
|  | ardized test results on the above nam  | 23, will be requesting 7 <sup>th</sup> and 8 <sup>th</sup> grade aca<br>ned student to assist us in your student's |
| I authorize my student's school to r   | release the requested records to St. E | dward Central Catholic High School.  |
| (Parent / Guardian name, please print) |  |  |
| (Parent / Guardian signature)          |  | <br>Date   |