



2019 High School Placement Test Registration Form

FOR STUDENTS WHO ATTEND A CATHOLIC ELEMENTARY SCHOOL IN THE ARCHDIOCESE OF WASHINGTON THAT ADMINISTERS THE HSPT

Personal/Contact Information

please send test results via U.S. Mail

*Parent/Guardian Email _____
(*Required – Registration confirmation and test results will be emailed to this account)

Student Name _____ Birthdate ____/____/____
Last, First, Middle Initial Month Day Year

Gender: Male ____ Female ____ Parish _____ (Non-Roman Catholic, mark NC)

Current School _____ City/State _____

Grade in Fall 2019 (circle one) 9 10 # Years in Catholic Elementary School ____

Years in Religious Education (CCD) ____

Home Address _____
(street) (city) (state) (zip)

Father's Name _____ Daytime Phone _____

Mother's Name _____ Daytime Phone _____

Guardian's Name _____ Daytime Phone _____

Parent/Guardian Signature _____ Date _____
(Signature authorizes student to take the High School Placement Test)

Testing accommodations requested? Yes ____ No ____

Students requiring testing accommodations must have appropriate documentation on file with the school. This documentation must include a current (within three years) diagnosis of an existing disability that was derived from a comprehensive evaluation conducted by certified professionals. Requests for testing accommodations must be made no later than two weeks prior to the test date. To ensure accurate placement during the enrollment/admissions process, parents/guardians should provide high schools with similar information regarding their child's special education needs.

For more information, contact the HSPT Office at (301) 853-5387 or HSPT@adw.org, or visit www.adwcatholicschools.org.