



ARCHDIOCESE OF WASHINGTON CATHOLIC SCHOOLS

2018 High School Placement Test Registration Form

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

PERSONAL/CONTACT INFORMATION

Please send test results via U.S. Mail.

*Parent/Guardian E-mail _____

(*Required - Registration confirmation and test results will be emailed to this account.)

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

Gender Male ___ Female ___ Parish _____ (Non-Roman Catholic, mark "NC")

Current School _____ City/State _____

Grade in Fall 2018 (circle one) 9 10 # Years in Cath. Elem 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 _____

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.*

Turn this form in to your child's 8th grade teacher by October 26, 2018.