

# PENSACOLA CATHOLIC HIGH SCHOOL PLACEMENT TEST APPLICATION FORM



October 26, 2024

**This form must be handed in on the day of the student's Placement Test.**  
**ALL questions on both sides of this form are REQUIRED.**  
**Failure to complete any item could compromise your child's admission to CHS.**

## STUDENT INFORMATION

Student Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Application \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Last Four Numbers of Student's Social Security Number \_\_\_\_\_  
Student's Date of Birth \_\_\_\_\_

Current Middle School \_\_\_\_\_ Number of years student has attended this school \_\_\_\_\_  
School attended immediately prior to current school \_\_\_\_\_

Student's Religion \_\_\_\_\_ Parish \_\_\_\_\_  
*If Catholic – Parish is required*

**Student Resides With:** \_\_\_\_\_ Mother & Father \_\_\_\_\_ Mother & Stepfather \_\_\_\_\_ Legal Guardian(s)  
*(Check one)* \_\_\_\_\_ Mother Only \_\_\_\_\_ Father & Stepmother \_\_\_\_\_ Grandparent(s)  
\_\_\_\_\_ Father Only \_\_\_\_\_ Mother 50%/Father 50% \_\_\_\_\_ Other: \_\_\_\_\_

*Please refer to this selection when completing demographic information 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 AND TO WHOM CHS SHOULD SEND ANY FUTURE MAILINGS RELATED TO ADMISSIONS**

What is the primary language spoken in the home? \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

e-mail address \_\_\_\_\_ e-mail address \_\_\_\_\_

**PLEASE ANSWER EACH QUESTION:**

Required questions that, if not answered, could compromise your child's admission to CHS.

Does your child have a parent who is an alumnus/a of CHS?      \_\_\_Yes    \_\_\_No  
If yes, please state name and year of graduation: Name \_\_\_\_\_ Grad Year \_\_\_\_\_  
Does your child have a grandparent who is an alumnus/a of CHS?    \_\_\_Yes    \_\_\_No  
If yes, please state name and year of graduation: Name \_\_\_\_\_ Grad Year \_\_\_\_\_  
Does your child currently have a sibling at CHS? \_\_\_Yes \_\_\_No If so, what is his/her name: \_\_\_\_\_  
Does your child have a parent who works for the Diocese of Pensacola-Tallahassee? \_\_\_Yes \_\_\_No  
Does your child have a parent who is currently on active duty in the military? \_\_\_Yes \_\_\_No  
Has your child ever attended a Private School? \_\_\_Yes \_\_\_No If so, which one and where? \_\_\_\_\_  
Extracurriculars in which your child has participated now/in the past: \_\_\_\_\_  
\_\_\_\_\_

**LEARNING DISABILITIES/DIFFICULTIES:**

Has your student been diagnosed with a Specific Learning Disability/Disorder (SLD), educational complication, or other condition such as Attention Deficit Hyperactivity Disorder, etc?      \* \_\_\_Yes \_\_\_No  
Please describe the nature of the disability/difficulty. \_\_\_\_\_  
\_\_\_\_\_  
Does this student have a current Individualized Education Plan (IEP), 504 or Learning Support Plan (LSP)? \_\_\_Yes \_\_\_No  
If yes, do you intend to apply for accommodations for your child at CHS?      \_\_\_Yes \_\_\_No  
I understand that in order to receive accommodations at CHS, the Adaptive Education Program Application must be completed and returned to CHS with all required documentation. Parent Initial \_\_\_\_\_  
\*If your student has been diagnosed with a learning disability/problem and/or has an IEP/504 or LSP (current or not) please supply copies of these and all diagnostic information on the day that the student takes the Placement Test.

**DISCIPLINE HISTORY:**

I give permission for Pensacola Catholic High School to ask for any discipline/academic information from my child's current/previous school(s).  
Please describe fully any discipline incidents in which this student has been involved in 6<sup>th</sup> – 8<sup>th</sup> grade.  
\_\_\_\_\_  
\_\_\_\_\_  
Has your student been suspended or asked to leave any school?      Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes explain: \_\_\_\_\_  
\_\_\_\_\_

I confirm that the information provided on this form is accurate and complete.  
Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Any eighth grader taking the Placement Test should bring this completed form with them to Catholic High School on the day of the Placement Test. Please do not mail it to Catholic High School in advance. Students should report to CHS and bring:  
**a. this completed form      b. the \$20 test fee      c. two #2 pencils**