

PENSACOLA CATHOLIC HIGH SCHOOL PLACEMENT TEST APPLICATION FORM



October, 2025

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 _____ Local Parish _____
If Catholic – Parish is required and will be verified

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 or that is CHS alumni/ae? Yes No

If so, what is his/her name and year of graduation: _____

-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

-Extracurriculars in which your child has participated in the past 2 years: _____

LEARNING DISABILITIES/DIFFICULTIES:

1. Has your student been diagnosed with any type of a learning challenge such as ADHD, SLD, ASD, Dyslexia, anxiety, etc. * Yes No
2. Please describe the nature of the learning challenge. _____
3. 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 challenge/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 6th – 8th 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