



The STS High School Placement Test for 8<sup>th</sup> grade students entering the 9<sup>th</sup> grade will be held on **Saturday, December 12, 2009**. **ANY 8<sup>th</sup> GRADE STUDENT CONSIDERING Central Catholic MUST take this Test.** Please return the registration form along with the **\$10 testing fee** (Check or Money Orders made payable to Central Catholic High School) by Tuesday, December 8, 2009 to the Admissions Office, Central Catholic High School, 4720 Fifth Avenue, Pittsburgh, PA 15213.  
*The Test will begin at 9:00 AM and end around 12:15 PM*

Student Name: \_\_\_\_\_ Goes by: \_\_\_\_\_  
*Last First Middle*

Father's Full Name: \_\_\_\_\_ Mother's Full Name: \_\_\_\_\_

Father's Employer/Title: \_\_\_\_\_ Mother's Employer/Title: \_\_\_\_\_

Guardians' Full Name(s)--if not parent(s): \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Other: \_\_\_\_\_

Student's Primary Mailing Address: \_\_\_\_\_  
*Street*  
\_\_\_\_\_  
*City State Zip*

Home (Primary) Phone Number: \_\_\_\_\_

Primary Parent's Alternate-Daytime Number: \_\_\_\_\_

Primary Parent's email address (list only one): \_\_\_\_\_

Student's Birthday: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*(mm/dd/yyyy) City/State*

Did the applicant's Father or Grandfather(s) graduate from Central Catholic High School? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list his/their name(s) and graduation year(s) \_\_\_\_\_

Religion of the Student: \_\_\_\_\_ Catholic \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

Parish (if Catholic): \_\_\_\_\_  
*Name City State Zip*

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Public School District: \_\_\_\_\_

Person (s) responsible for tuition \_\_\_\_\_

Below please print name of parent (s), or guardian as it should appear in the primary mailing address:

Name \_\_\_\_\_

Please circle one (Mr. & Mrs.) (Mr.) (Mrs.) (Ms.) (Other: \_\_\_\_\_)

Joint/Second Parent/Guardian Information: If there is need for communication to be sent to another parent or legal guardian, please indicate in this space:

Name \_\_\_\_\_ Relation to student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

*I hereby grant Central Catholic High School permission to request and examine all information necessary in considering my son's application.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_