

LEXINGTON CATHOLIC HIGH SCHOOL
2012-2013 FRESHMAN PLACEMENT TEST REGISTRATION

Please check one:

- I will be taking the placement test on November 12
 I have a conflict and will take the test on November 19

Please print:

Student Name _____
First Name Middle Name Last Name Goes By

Birth Date _____ Sex (circle one) M / F Current Grade Level _____ Current School _____

Father's Title (Dr., Mr.) _____ Father's First Name _____ Father's Last Name _____

Mother's Title (Mrs., Ms., Dr.) _____ Mother's First Name _____ Mothers Last Name _____

Do you live with (circle one) Mother Father Both Other _____
(Grandparents, Aunt, Uncle, Guardian etc.)

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone: Area Code () _____ Student Email _____

Father's Email _____ Mother's Email _____

Please list any relatives who have attended Lexington Catholic High School:

Name _____ Year of Graduation _____

Name _____ Year of Graduation _____

Name _____ Year of Graduation _____

Please list any brothers or sisters that are currently attending Lexington Catholic High School:

Name _____ Grade Level (circle one) 9 10 11 12

Name _____ Grade Level (circle one) 9 10 11 12

Current Math _____

Are you currently in the band? Yes No If Yes, what instrument? _____

Please submit this completed form with a \$35 registration fee by October 27th, 2011
Contact Mindy Towles, Director of Admissions, with questions. (859) 277-7183 ext. 231
mtowles@lexingtoncatholic.com

For Office Use Only

Test Fee Paid _____ Test Fee Unpaid _____