

Santa Fe Catholic High School
3110 Highway 92 E
Lakeland, FL 33801

PLACEMENT TEST REGISTRATION FORM

863•665•4188 Phone
863•665•4151 Fax
www.SantaFeCatholic.org

Student's Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Mailing Address: _____
(House Number & Street) (City) (Zip Code)

Parent's Full Name: _____ Contact Number: _____
(Name of Parent(s) student is living with)

Parent's Email: _____ School Currently Attending: _____

Gender: _____ Religion: _____ Church: _____
(Church Full Name & City)

Please attach the NON-REFUNDABLE application fee: Make checks payable to Santa Fe Catholic High School

_____ \$25 8th grade student taking placement test on one of the scheduled Saturdays.

Test Date Requested: _____

_____ \$50 8th grade student taking make-up placement test.