

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: \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(House Number & Street) (City) (Zip Code)

Parent's Full Name: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_  
(Name of Parent(s) student is living with)

Parent's Email: \_\_\_\_\_ School Currently Attending: \_\_\_\_\_

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. (Dec 3, Jan 21). Test Date Requested: \_\_\_\_\_  
\_\_\_\_\_ \$50 8th grade student taking make-up placement test.

FOR OFFICE USE ONLY  
Date: \_\_\_\_\_ Check #: \_\_\_\_\_