



# DELONE CATHOLIC HIGH SCHOOL

## APPLICATION FOR PLACEMENT TESTING

Student Name: \_\_\_\_\_

Present School: \_\_\_\_\_

Names of Parent(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Testing will take place in the school cafeteria. Please enter through the gym entrance on the South Street side. Arrival time is 8:30-8:45 a.m. Testing begins at 9 a.m. and concludes at 1 p.m. Students are asked to bring #2 pencils and a calculator. Snacks and drinks will be available during the breaks. Students will be dismissed by 1:15 p.m.

Please mark which testing date you prefer:

\_\_\_ Saturday, January 12, 2019 (Snow make-up date: Saturday, January 26, 2019)

\_\_\_ Saturday, February 9, 2019 (Snow make-up date: Saturday, February 16, 2019)

There is no fee.

This placement test in no way binds you to enrollment at Delone Catholic.

Please return this form by Dec. 14 to:

Delone Catholic High School

Attention: Mrs. Jennifer Hart

140 S. Oxford Ave., McSherrystown, Pa. 17344

Fax: 717-637-0442, or email to [jhart@delonecatholic.org](mailto:jhart@delonecatholic.org)