

**Saint John Paul the Great Catholic High School  
High School Placement Test Registration Form  
Class of 2022**

(1) STUDENT INFORMATION: (Please Print)

Student's Legal Name \_\_\_\_\_ Male/Female \_\_\_\_\_  
(Last) (First) (Middle) (Circle One)  
Home Address \_\_\_\_\_  
(Street) (City/State) (Zip Code)  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_  
Parish Where Registered \_\_\_\_\_ Present School/Grade \_\_\_\_\_

(2) PARENT/LEGAL GUARDIAN INFORMATION:

**Father's Name** \_\_\_\_\_  
(Last) (First)  
Home Address (if diff. from above) \_\_\_\_\_  
(Street) (City/State) (Zip Code)  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

**Mother's Name** \_\_\_\_\_  
(Last) (First)  
Home Address (if diff. from above) \_\_\_\_\_  
(Street) (City/State) (Zip Code)  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-Mail \_\_\_\_\_

(3) HIGH SCHOOL PREFERENCE:

Mark 1st, 2nd & 3rd choice - Scores will be sent only to the 1<sup>st</sup>, 2<sup>nd</sup>, and 3rd choices indicated on the test.

Bishop Ireton	_____	Saint John Paul the Great	_____
Bishop O'Connell	_____	Other School (Specify)	_____
Paul VI	_____		

(4) TEST SITE AND DATE: (Please consult the attached information page)

Test Site: \_\_\_\_\_ Date of Test: \_\_\_\_\_

(5) TESTING ACCOMMODATION

Student requires testing accommodation Yes  No  (Attach documentation in accordance with page 2 of form.)

- **REMINDER: Contact individual schools for school application. This form is only for test registration. Each school requires a separate application and fee to be considered for admission.**

**PARENTAL APPROVAL AND RELEASE FORM**

I approve of my son/daughter's high school preference as shown on this form and authorize the release of all necessary information, including grades, test scores and confidential records. I understand that I must specifically request the elementary school to send records to additional schools other than 1<sup>st</sup> choice.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**PLEASE RETAIN THIS INFORMATION PAGE FOR YOUR RECORDS**

**PLEASE NOTE:**

The High School Placement Test is currently used for acceptance and placement at Bishop Ireton, Bishop O'Connell, Paul VI and Saint John Paul the Great. Eighth graders who are not currently enrolled in a Catholic school in the Arlington Diocese (or 9<sup>th</sup> grade homeschooled students) must return the form to the appropriate test site prior to testing as indicated in the schedule below:

**DUE DATE FOR FORM**

**TEST DATE**

Thursday, November 30, 2017

Saturday, December 2

8:30 a.m. - 12 Noon

SNOW DATE

Saturday, December 9

Thursday, January 4, 2018

Saturday, January 6

8:30 a.m. - 12 Noon

SNOW DATE

Saturday, January 20

The **\$35.00** fee must accompany this form. Checks should be made payable to Saint John Paul the Great Catholic High School and mailed directly to:

Office of Admissions  
Saint John Paul the Great Catholic High School  
17700 Dominican Drive  
Dumfries, VA 22026

Students should report to the Saint John Paul the Great Catholic High School Front Office between 8 and 8:15 AM on the testing date.

In the event of snow cancellation, please listen to WMAL (630AM) or WTOP (103.5) on your radio.

For specific information on Testing Accommodations for Standardized Tests, please consult with your first choice school. In general, students having a documented Individual Education Plan (IEP) or Service Plan that states the need for specific testing accommodation(s) on standardized tests will be given those accommodations. The Diocesan expectation for extra time extended testing is equal to 1½ times the regular testing time for those students with the appropriate IEP or Service Plan. **Only those students in possession of a valid IEP or Service Plan will receive testing accommodations.** Accommodated testing will be offered at all four test sites for the December and January test dates. Students qualifying for accommodations **must submit** the **High School Placement Test Registration Form and attach any documentation including IEP or Service Plan** to the appropriate test site **at least one full week before the test date** to allow the school to provide the appropriate accommodations.

**PLEASE MARK THE APPROPRIATE TEST SITE, DATE AND TIME ON THIS PAGE  
AND RETAIN FOR YOUR INFORMATION AND CONFIRMATION OF YOUR REGISTRATION**

**\*\*\*STUDENTS ARE REMINDED TO BRING TWO SHARPENED #2 PENCILS TO THE TEST SITE\*\*\***

**CALCULATORS MAY NOT BE USED ON THE TEST**