

**Greensburg Central Catholic High School
Placement Exam registration form
Class of 2012**

Parents' Name _____

Student Name _____

Male Female

Home Address _____

Phone (H) _____ (W) _____ (C) _____

Parent Email _____

School Currently Attending _____

Catholic Parish (if applicable) _____

Choice of Test Date

- Saturday, December 15** **Saturday, January 12**
(Deadline for Registration (Deadline for Registration
Tuesday, December 11) Tuesday, January 8)

Arrival at 8:00 AM

Pick-up at 11:30 AM

**Weather Cancellation message will be posted on
main school phone line 724-834-0310 or local TV stations**

**Return this form with \$15 (payable to GCCHS) to:
Admissions Office
Greensburg Central Catholic High School
911 Armory Drive, Greensburg, PA 15601**

Office Use Only		
Date Received _____	Check No. _____	or <input type="checkbox"/> Cash