

**Greensburg Central Catholic High School
Test Registration Form
Class of 2016**

Parent(s) Name _____

Student Name _____

Male Female

Home Address _____

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

Parent Email _____

School Currently Attending _____

Catholic Parish (if applicable) _____

*All Incoming Freshmen Will be **Required** to Take the Placement Exam*

Choice of Date

(please circle)

Saturday January, 14

(Deadline for Registration
Tuesday, January 10)

Saturday, February 18

(Deadline for Registration
Wednesday, February 15)

Helpful Information

- * **Doors Open at 8:00 AM - testing begins at 8:30 AM**
- * **Pick-up at 11:30 AM**
- * **Please bring a #2 pencil**
- * **No calculators**
- * **No snacks permitted in classroom (unless medical necessity)**
- * **Weather Cancellation message will be posted on main school phone line 724-834-0310 or local TV stations**

Return this form with \$25 (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 Cash