

**Greensburg Central Catholic High School  
Test Registration Form  
Class of 2014**

Parent(s) Name \_\_\_\_\_

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

Male                       Female

Home Address \_\_\_\_\_  
\_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Parent Email \_\_\_\_\_

School Currently Attending \_\_\_\_\_

Catholic Parish (if applicable) \_\_\_\_\_

**Choice of Date**  
(please circle)

**Saturday, December 5**

(Deadline for Registration  
Tuesday, December 1)

**Saturday, December 12**

(Deadline for Registration  
Tuesday, December 8)

**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 \$20 (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