

VALLEY
CATHOLIC
HIGH
SCHOOL



Placement Test Registration Form

Please complete this form and return it along with the \$25 placement test fee to:

Valley Catholic School, 4275 SW 148th Ave., Beaverton, OR. 97078

Cash _____ Check _____

Please choose a day for testing:

____ Friday, November 30, 2018 at 2:30 p.m.

____ Saturday, December 1, 2018 at 9:30 a.m.

Student Name: _____

Parent Name: _____

Parent email: _____

Home Address: _____

_____ Zip _____

Home Phone #: _____

Name of Current School: _____

Does this student require testing accommodations? ___no ___yes (only offered 12/1)

*documentation or a learning plan is required for any accommodations

*Please contact hsadmissions@valleycatholic.org to arrange for any accommodations

Where should your test scores be sent? (Indicate all schools to which you are applying.)

Valley Catholic _____

Central Catholic _____

Jesuit _____

St. Mary's Academy _____

LaSalle _____

De La Salle North _____

All students taking the test at Valley Catholic receive a free VCHS t-shirt.

Please indicate t-shirt size: Small Medium Large XL XXL

We look forward to working with your family during admission, and for the next four years.

Kayla Gaspardis

Director of Admissions

503-520-4721

hsadmissions@valleycatholic.org

4275 SW 148th Avenue, Beaverton, OR. 97078 503-644-3745 Fax Number: 503-646-4054

www.valleycatholic.org