



PLACEMENT TEST REGISTRATION FORM

Saturday, April 6, 2013 at 9:00 a.m.

Student Name: _____

Current school: _____ Current grade: _____

School you are planning on attending in 13-14: _____

Second Choice (If applicable): _____

Address: _____

Parent Name: _____

Home Phone: _____ Cell Phone: _____

Parent Email Address: _____

Student Email Address: _____

There is a \$15 fee for this test. Checks can be made payable to Holy Cross of San Antonio.

Please email or fax this document to Mr. Daniel Martinez, Director of Admissions to reserve your place.

Phone: 210-433-2178| Fax: 210-433-2117| Email: dmartinez@holycross-sa.org