## High School Placement Test Registration Form Class of 2024

(1) STUDENT INFORM	<u>//ATION</u> : (Please	Print)		
Student's Legal Name	e (Last)	(First)	(Middle)	Male/Female (Circle One)
Home Address	, ,	, ,	(iviidule)	(circle one)
(Street) Home Phone		(City/State) Date of Birth	Religion	(Zip Code)
Parish Where Registe	red	Present School/G	rade	
(2) PARENT/LEGAL G	UARDIAN INFORM	MATION:		
Father's Name				
•	Last)	(First)		
Home Address (if diff		treet)	(City/State)	(Zip Code)
Home Phone	-	Work Ph		` '
nome mone			<u> </u>	
E-Mail				_
Mother's Name				
•	Last) . from above)	(First)		
(		treet)	(City/State)	(Zip Code)
Home Phone		Work Ph		, , ,
E-IVIdII				
(3) HIGH SCHOOL PR	FFFRENCE:			
		ill be sent only to the 1st, 2nd, and	3rd choices indicated on the	test.
Bishop Ireton		•	Saint John Paul the Great	<del></del>
Bishop O'Conne	ell		Other School (Specify)	
Paul VI				·
(4) TEST SITE AND DA	<u>ATE:</u> (Please consu	Ilt the attached information page	·)	
<b>-</b>			5 . (7 .	
Test Site:			Date of Test:	
(5) TESTING ACCOMN	AODATION			
Student requires test		on Yes No No (Attach doo	cumentation in accordance wi	th page 2 of form )
oradoni requires test				page = ee,
• REMINDER:		dual schools for school applicati		_
	Each school re	equires a separate application an	d fee to be considered for ad	imission.
		PARENTAL APPROVAL ANI	O RELEASE FORM	
	t scores and conf	shool preference as shown on thi idential records. I understand the $n  1^{st}$ choice.		
Parent's Signature			 Date	

## PLEASE RETAIN THIS INFORMATION PAGE FOR YOUR RECORDS

## **PLEASE NOTE:**

The High School Placement Test is currently used for acceptance and placement at Bishop Ireton, Bishop O'Connell, Paul VI and Saint John Paul the Great. Eighth graders who are not currently enrolled in a Catholic school in the Arlington Diocese must return the form to the appropriate test site <u>prior</u> to testing as indicated in the schedule below:

<u>DUE DATE FOR FORM</u> <u>TEST DATE</u>

Thursday, November 21, 2019 Saturday, November 23

8:30 a.m. - 12 Noon

**SNOW DATE** 

Saturday, December 14

Thursday, January 9, 2020 Saturday, January 11

8:30 a.m. - 12 Noon

**SNOW DATE** 

Saturday, January 25

The \$35.00 fee must accompany this form. Checks should be made payable to Bishop O'Connell High School and mailed directly to:

Office of Admissions Bishop O'Connell High School 6600 Little Falls Road Arlington, VA 22213

Students should report to Entrance #1 at O'Connell between 8 and 8:15 AM on the testing date.

In the event of snow cancellation, please listen to WMAL (630AM) or WTOP (103.5) on your radio.

For specific information on <u>Testing Accommodations for Standardized Tests</u>, please consult with your first choice school. In general, students having a documented Individual Education Plan (IEP) or Service Plan that states the need for specific testing accommodation(s) on standardized tests will be given those accommodations. The Diocesan expectation for extra time extended testing is equal to 1½ times the regular testing time for those students with the appropriate IEP or Service Plan. <u>Only those students in possession of a valid IEP or Service Plan will receive testing accommodations</u>. Accommodated testing will be offered at all four test sites for the December and January test dates. Students qualifying for accommodations <u>must submit</u> the <u>High School</u> <u>Placement Test Registration Form and attach any documentation including IEP or Service Plan</u> to the appropriate test site <u>at least</u> one full week before the test date to allow the school to provide the appropriate accommodations.

PLEASE MARK THE APPROPRIATE TEST SITE, DATE AND TIME ON THIS PAGE AND RETAIN FOR YOUR INFORMATION AND CONFIRMATION OF YOUR REGISTRATION

\*\*\*STUDENTS ARE REMINDED TO BRING TWO SHARPENED #2 PENCILS TO THE TEST SITE\*\*\*

**CALCULATORS MAY NOT BE USED ON THE TEST**