

## MARIAN CENTRAL CATHOLIC HIGH SCHOOL

## PLACEMENT TEST REGISTRATION & RELEASE OF RECORDS

(Please Print)

Student Last Name	First Name	Middle In	Middle Initial	
()				
Sex F/M Home	Phone	Family Email Address		
Mr. & Mrs				
Parent or Lega	ll Guardian (First and	l Last Name)		
Home Address	City	State	Zip	
School Presently Attending		City		
Church or Parish		City		
Emergency contact during pla	acement test:			
Name	R	Relationship		
() Phone Number				
	RELEASE OF RECO	RDS		
Marian Central Catholic High requesting 7th and 8th grade results on your above named prior to enrollment.	academic records as well	as junior high standard	lized test	
I,(print parent/guardian nan	, authorize my s ne) requested recor	tudent's school to releaseds to Marian Central C	se the atholic H.S.	
(parent/guardian signature)	D	ate:		