Archdiocese of Cincinnati

High School Placement Test (HSPT®) 2022-2023 Registration Form

Registration Number (School Use)

PERSONAL/CONTACT IN	IFORMATION				
Student Name: (First) (Last))			
Street Address:					Gender: Male Female
City:	State:	Zip:	Ph	one Number:	
D 1/0 F 1 N			./0 !: ! .	N.	
Parent/Guardian First Name	e:	Paren	t/Guardian Last	Name:	
Parent/Guardian Email:					
Emergency Contact (name	& phone number):				
TESTING INFORMATION					
Test Date:		Do you require testing accommodations?			
		on all test dates contact the tes	all sites offer acco s. It is recommen- ting site prior to tation is required.	ded that you LY registering.	es, I will contact the testing site.
The cost	of the test is \$30. Payme Cor	ent should be subn ntact the test site w	nitted to the sch ith any questior	ool where the stud	dent is testing.
CURRENT SCHOOL: Prov	vide the name and city of the	e elementary/middle s	school you curren	tly attend.	
School Name:					
City:					
HICH SCHOOL CHOICES	Se Coloret von to thouse hinton	h - 4	AA		
HIGH SCHOOL CHOICES	Write 1 by your first choice			third choice, etc.	
27 Archbishop Alter H	ligh School		32	Mercy McAuley High	ı School
10 Archbishop Moelle	er High School		22	Mt. Notre Dame High	n School
26 Badin High Schoo	I		17	Purcell Marian High	School
25 Bishop Fenwick H	igh School		18	Roger Bacon High S	chool
30 Carroll High School	ol		31	Royalmont Academy	Classical Preparatory High
28 Catholic Central H	ligh School		19	Seton High School	
24 Chaminade-Julien	ne High School		20	St. Ursula Academy	
29 DePaul Cristo Rey	High School		21	St. Xavier High Scho	ool
12 Elder High School			23	The Summit Country	Day School
13 LaSalle High Scho	pol		11	Ursuline Academy	
15 McNicholas High S	School				

Return this form to the school where you will take the test.