## ARCHDIOCESE of CINCINNATI

High School Placement Test (HSPT®) 2021-2022 Registration Form

Registration Number (School Use)

PERSON	AL/CONTACT INFORMATION					
Student N	ame: (First)	(Last)	(Middle Initial)	Date of Birth:	//	ear)
Street Add	ress:				Gender: Male Fen	nale
City:	State	o: Zip:	PI	none Number:		
Parent/Gu	ardian First Name:	Pa	rent/Guardian Las	t Name:	***************************************	
Parent/Gu	ardian Email:					
Emergenc	y Contact (name & phone numbe	r):				
TESTING	INFORMATION					15
Test Date:		Please note, on all test do contact the Proper docur	uire testing accom not all sites offer acc ates. It is recommer testing site prior t mentation is required	ommodations You	es, I will contact the testing	site.
	The cost of the test is \$3	0. Payment should be su Contact the test site	ubmitted to the scl e with any questio	nool where the stud ns.	ent is testing.	
CURREN	T SCHOOL: Provide the name and	city of the elementary/mido	dle school you currer	ntly attend.		
School Na	me:					
City:						
HIGH SC	HOOL CHOICES: Select up to thre Write 1 by your	e high schools to receive y first choice, 2 by your seco		third choice, etc.		
27	Archbishop Alter High School		32	Mercy McAuley High	School	
10	Archbishop Moeller High School		22	Mt. Notre Dame High	School	
26	Badin High School		17	Purcell Marian High S	School	
25	Bishop Fenwick High School		18	Roger Bacon High S	chool	
30	Carroll High School		31	Royalmont Academy	Classical Preparatory High	
28	Catholic Central High School		19	Seton High School		
24	Chaminade-Julienne High School		20	St. Ursula Academy		
29	DePaul Cristo Rey High School		21	St. Xavier High Scho	ol	
12	Elder High School		23	The Summit Country	Day School	
13	LaSalle High School		11	Ursuline Academy		
15	McNicholas High School					

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