LANSDALE CATHOLIC HIGH SCHOOL

Office of Admissions
700 Lansdale Avenue - Lansdale, PA 19446-2995
Phone - 215.362.6160 ext 194 FAX - 215.393.5674
www.lansdalecatholic.com

APPLICATION FOR PRACTICE SCHOLARSHIP EXAM

Saturday, March 10, 2012

8:30 a.m. - 11:30 a.m.

Student Name:_____
First *Full Middle* *Last*

Student's Address:_____
Street *Apt#* *City* *State* *Zip*

Parent/Guardian Cell Number: (_____)_____-_____ **Student Date of Birth:_____/_____/_____**

School Presently Attending:_____

School District in which student resides:_____

Parent Email Address(es):_____

Father's Full Name:_____

Mother's Full Name:_____

Parent Signature_____

Student Signature_____

Date_____

PLEASE NOTE: *This is a practice scholarship exam for interested seventh graders who attend regional parochial, private or public schools. The purpose of this practice exam is to prepare seventh graders for the type of scholarship exam that will be taken at Lansdale Catholic High School in the fall of 2012. Your results from this exam will not affect your entrance into the Class of 2017. This will be a company generated and scored exam. You should have your results mailed to your home address within three weeks.*

Please mail this application, check made payable to LCHS with the NON-REFUNDABLE $50.00 fee to:

Mrs. Kris Cope - Office of Admissions - Practice Exam
Lansdale Catholic High School
700 Lansdale Avenue
Lansdale, PA 19446

OFFICE USE ONLY
STUDENT#_____ **DATE**_____

NON-REFUNDABLE APPLICATION FEE $50.00 Check_____ Cash_____