

PLACEMENT EXAM

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Questions? E-mail:
cmadrigal@vmchs.com

www.vmchs.com

DISCOVER YOUR FUTURE



VINCENT MEMORIAL CATHOLIC HIGH SCHOOL PLACEMENT EXAM APPLICATION 2018

APPLICANT

Name _____

Male Female

Birthdate: Mo _____ Day _____ Yr _____

Current School: _____

Current Grade: _____

Interests: _____

PARENTS/GUARDIANS

Parent/Guardian 1

Name _____

Home Phone: _____

E-mail _____

Cell: _____

Parent/Guardian 2

Name _____

Home Phone: _____

E-mail _____

Cell: _____

How did you hear about us? _____

Parent/Guardian Signature: _____ Date: _____

\$60.00 Non-refundable fee due at the time of application

Office use only:	PD:	REC #	INITIALS
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