

# Placement Exam

525 West Sheridan Avenue  
Calexico, California 92231  
Phone: (760) 357-3461

Questions? E-mail:  
futurescots@vmchs.com

DISCOVER YOUR FUTURE,  
BECOME A SCOT!  
www.vmchs.com



## VINCENT MEMORIAL CATHOLIC HIGH SCHOOL PLACEMENT EXAM APPLICATION 2017

### 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