

Placement Exams

NOTRE DAME HIGH SCHOOL

Please complete this form and return to: Notre Dame High School • 7085 Brockton Ave., Riverside, CA 92506

Please indicate your choice of exam dates: _____

Student's Legal Name: _____

Student's Date of Birth: _____ Please one: Female Male

Name(s) of sibling(s) currently attending Notre Dame: _____

The following questions will help Notre Dame better serve the student. The answers will in no way hurt or hinder the student's potential admission. If you answer yes to any of the questions, please list any pertinent information below, or on a separate sheet of paper if necessary.

Has the student been diagnosed with a learning disability? Yes No

Is there any learning or medical condition that Notre Dame should be aware of in order to better serve your student's academic needs? Yes No

Are there current IEP or 504 Plan records on file at the student's school? Yes No

Have additional academic support resources beyond the regular classroom been provided to this student? Yes No

Explain:

PARENT / GUARDIAN INFORMATION

Child lives with:

Mr. & Mrs. Mr. Mrs. Ms Dr. _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Father's Name _____ Mother's Name _____

Work phone # _____ Work phone # _____

Cell phone # _____ Cell phone # _____

SCHOOL INFORMATION

School student is attending for the 8th grade _____

Address: _____ City: _____ Zip: _____

Phone # _____ Teacher/Counselor _____

Questions? Contact the Counseling Office (951) 275-5874

Exam begins at 8 a.m. and ends between 11:45 a.m. and 12:00 p.m.

Please enclose the \$50 Application Fee with this form. If you register on the day of the test, the fee will be \$65.00.