

<b>A. Student Information</b>				
TACHS ID		Phone Number		Birthdate
Last Name	First Name	M.I.	Male	Female
Last Name of Parent/Guardian (if different)		Email Address		
Mailing Address		City	State	Zip Code
Catholic Parish (if applicable)		Current School and County/Location		

**Send Applicant Record to High Schools listed below:**

1st

2nd

3rd

<b>B. School Record</b>	Gr. 6	Gr. 7	Gr. 8
Religion			
Reading ( <i>ADNY</i> )			
Language Arts			
Reading ( <i>DBQ</i> )			
Mathematics			
Social Studies			
Science			
Foreign Language (specify)			

<b>C. Personal Progress</b>	Gr. 6	Gr. 7	Gr. 8
Conduct			
Effort			
Days Late			
Days Absent			

Will student take any Regents exams in June? YES

NO

If yes, what subjects?

**D. Standardized Test Record**

	Grade 6		Grade 7	
	Nat'l %ile	(ADNY Only) Local %ile	Nat'l %ile	(ADNY Only) Local %ile
Reading Total				
Language Total				
Mathematics Total				

<input type="checkbox"/>	Student needs remediation.
<input type="checkbox"/>	Student has an IEP on file.
<input type="checkbox"/>	Please call me for more information.

**E. Comments**

Please place school stamp or seal in this box.

Date \_\_\_\_\_ Person completing this form \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_