

A. Student Information				
		TACHS ID	Phone Number	Birth Date
Last Name	First Name	M.I.	Male	Female
Last Name of Parent/Guardian (if different)		E-mail Address		
Mailing Address	Apt. #	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. School Record				
	Gr. 6	Gr. 7	Gr. 8	
Religion				
English Language Arts (ELA)				
Mathematics				
Social Studies				
Science				
Foreign Language (specify)				

C. Personal Progress			
	Gr. 6	Gr. 7	Gr. 8
Conduct			
Effort			
Days Late			
Days Absent			
Will student take any Regents exams in June?	YES	<input type="checkbox"/>	
	NO	<input type="checkbox"/>	
If yes, what subjects?			

D. Standardized Test Record								
NY State Testing	Grade 6		Grade 7		TerraNova	Grade 6	Grade 7	Grade 8
		Performance Level	Performance Level			Nat'l %ile	Nat'l %ile	Nat'l %ile
ELA Test				Reading Total				
Mathematics Test				Language Total				
				Mathematics Total				

E. Comments

Please place school stamp or seal in this box.

 Date Person completing this form Title Phone

By registering for the TACHS, you consent to the release of the information contained on this form and all school records about your child. Due date to each of the high schools is December 18, 2019. DO NOT RETURN TO THE TACHS EXAMINATION OR DIOCESAN OFFICES.