

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?	<input type="text"/>		

D. Standardized Test Record													
ADNY	Grade 6		Grade 7		Grade 8		DBQ	Grade 6		Grade 7		Grade 8	
	Nat'l %ile	Local %ile	Nat'l %ile	Local %ile	Nat'l %ile	Local %ile		Nat'l %ile	Nat'l %ile	Nat'l %ile	Nat'l %ile		
Reading Total							Reading Total						
Language Total							Language Total						
Mathematics Total							Mathematics Total						

E. Comments

Please place school stamp or seal in this box.
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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 15, 2017.
DO NOT RETURN TO THE TACHS EXAMINATION OR DIOCESAN OFFICES.