

A. Student Information							
		TACHS ID	Phone Number	Birth Date			
				<input type="checkbox"/>	<input type="checkbox"/>		
Last Name		First Name		M.I.	Male	Female	
Parent/Guardian First and Last name				Parent/Guardian Email Address			
Mailing Address		Apt. #	City	State	ZIPCode		
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? If yes, in what subjects? YES NO

D. Standardized Test Record

NY State Testing		
	Grade 6	Grade 7
	Performance Level	Performance Level
ELA Test		
Mathematics Test		

i-Ready			
	Grade 6	Grade 7	Grade 8
	Nat'l %ile	Nat'l %ile	Nat'l %ile
Reading 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 regarding your child. Due date to each of the high schools is December 11, 2026.

DO NOT RETURN TO THE TACHS EXAMINATION OR DIOCESAN OFFICES.