

September, 2019

Dear 8th Grade Parents and Students,

Welcome back. It is time to start working on the High School Process.

Please take a moment to fill out this survey. This survey is used to identify students who wish to register for the Specialized High School Admissions Test (SHSAT) and/or LaGuardia High School auditions. In addition, this survey will help keep track of students that wish to audition for those audition programs that require pre-registration.

It is important that you answer every question even if you are not interested in applying for the Specialized High School exam or an audition program.

Failure to return this survey will forfeit your ability to register for the SHSAT exam and/or LaGuardia auditions.

Please sign below and return to your first period teacher by **September 19, 2019**.

Be advised: Parents are responsible to register their child for the SHSAT exam and/or LaGuardia auditions.

- Do you have an I.E.P. (Individualized Education Plan) or a 504 Plan with testing accommodations?
Yes _____ No _____ If yes, IEP _____ or 504 _____
- Are you a Sabbath Observer? Yes _____ No _____ If yes, please check one:
Can't test Sunday _____ Can't test Saturday _____
- Are you taking the TACHS exam (Test for Admission into Catholic High School)? **If you are taking the test you are responsible to register on line by October 21, 2019.**
Yes _____ No _____
- Are you taking the SHSAT exam (Specialized High School exam)? This test is necessary for acceptance to the 8 Specialized High Schools, including Staten Island Technical High School).
Yes _____ No _____
- Are you auditioning for LaGuardia High School? Yes _____ No _____ If yes, please check which auditions you will be taking:
Dance _____ Drama _____ Fine Art _____ Instrumental Music _____ Technical Theatre _____
Vocal Music _____
- Will you be auditioning for Susan Wagner? If yes, please check which auditions you will be taking: Visual Art _____ Theater _____ Music Program _____
- Will you be applying to any other school which requires an audition? Yes _____ No _____

If yes, which school(s) will you need an audition for? School/Program _____
School/Program _____

Sincerely,
Ms. Iburg

Student Name

Class

Parent/Guardian Name (Please Print)
Date

Parent/Guardian Signature

Home Phone

Cell Phone