

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

NO

If yes, what subjects?

D. Standardized Test Record		
NY State Testing	Grade 6	Grade 7
	Performance Level	Performance Level
ELA Test		
Mathematics Test		

TerraNova	Grade 6	Grade 7	Grade 8
	Nat'l %ile	Nat'l %ile	Nat'l %ile
Reading Total			
Language Total			
Mathematics Total			

E. Comments

Please place school 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.