

A. Student Information				
	TACHS ID	Phone Number	Birth Date	
			<input type="checkbox"/>	<input type="checkbox"/>
Last Name	First Name	M.I.	Male	Female
Last Name of Parent/Guardian (if different)		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
ELA Test	Performance Level	Performance Level
Mathematics Test		

i-Ready	Grade 6	Grade 7	Grade 8
Reading Total	Nat'l %ile	Nat'l %ile	Nat'l %ile
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, 2024.**

**DO NOT RETURN TO THE TACHS EXAMINATION OR DIOCESAN OFFICES.**