

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 10, 2025.

DO NOT RETURN TO THE TACHS EXAMINATION OR DIOCESAN OFFICES.