

A. Student Information				
TACHS ID		Phone Number		Birthdate
Last Name	First Name	M.I.	Male	Female
Last Name of Parent/Guardian (if different)		Email Address		
Mailing Address		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				
Reading (<i>ADNY</i>)				
Language Arts				
Reading (<i>DBQ</i>)				
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	<input type="checkbox"/>		
	NO	<input type="checkbox"/>		
If yes, what subjects?	<input type="text"/>			

	Grade 6		Grade 7	
	Nat'l %ile	(ADNY Only) Local %ile	Nat'l %ile	(ADNY Only) Local %ile
Reading Total				
Language Total				
Mathematics Total				

<input type="checkbox"/>	Student needs remediation.
<input type="checkbox"/>	Student has an IEP on file.
<input type="checkbox"/>	Please call me for more information.

E. Comments

Please place school stamp or seal in this box.

 Date Person completing this form Title Phone