

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	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? 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
Language 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 13, 2023.

DO NOT RETURN TO THE TACHS EXAMINATION OR DIOCESAN OFFICES.