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A. Student Info	rmatio	n		TACHS ID	)	Phone Num	her	Birt	th Date	
					, 	Thone Num				
Last Name			First Name	;			M.I.	Male	Femal	
Last Name of Parent/Guardian (if different)			Email Addı	ress						
Mailing Address A		City		State			Code			
Mailing Address Apt. #				State			Code			
Catholic Parish (if ap	plicable)	)		Current Scl	hool and Co	unty/Location	l			
Send Applicant Recor	d to high	schools lis	sted below	w:						
1st										
2nd										
3rd										
B. School Record	·d				C.	Personal P	rogres	S		
		Gr. 6	Gr. 7	Gr. 8				Gr. 6	Gr. 7	Gr. 8
R	eligion					Co	nduct			
English Language Arts (ELA)				Ι	Effort					
Mathematics					Days	Late				
Social	Studies					Days A	bsent			
Science Foreign Language (specify)			Will student take any Regents exams YES N in June? If yes, in what subjects?							
D. Standardized	Test	Record								
NY State Testing		Record				Птонис	aNova		i-Read	
NI State Testing	Grade 6		G	rade 7			Grad		ade 7	Grade 8
	Perform	ance Level	Perform	nance Level			Nat %il		Nat'l %ile	Nat'l %ile
ELA Test						Reading Tota			70110	70110
Mathematics Test			Language Total							
				Ma		thematics Total				
E. Comments										
						I	Please p	lace sc	chool sta	mp or
							S	eal in t	his 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 14, 2022.

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