

A. Student Information				
		TACHS ID	Phone Number	Birthdate
Last Name	First Name	M.I.	Male	Female
Last Name of Parent/Guardian (if different)				
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?				

D. Standardized Test Record										
	Grade 6		Grade 7							
	Nat'l %ile	(ADNY Only) Local %ile	Nat'l %ile	(ADNY Only) Local %ile						
Reading Total										
Language Total										
Mathematics Total										
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td>Student needs remediation.</td> </tr> <tr> <td></td> <td>Student has an IEP on file.</td> </tr> <tr> <td></td> <td>Please call me for more information.</td> </tr> </table>					Student needs remediation.		Student has an IEP on file.		Please call me for more information.
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E. Comments <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p style="text-align: center; color: gray;">Please place school stamp or seal in this box.</p>
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 Date Person completing this form Title Phone