

**2010-2011  
Cayuga-Onondaga BOCES G.E.D. Program  
Application Form**

**PROGRAM APPLICATION INSTRUCTIONS:**

1. Section A is to be completed by the student and parent.
2. Section B & C are to be completed by the home school district.
3. The completed application should be sent to: **Kristie Fitzgerald, Counselor,**  
Cayuga-Onondaga BOCES 1879 West Genesee Street, Auburn, New York 13021

**SECTION A: STUDENT AND PARENT/GUARDIAN**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Cell Phone \_\_\_\_\_  
 Parent/Guardian Place of Employment: \_\_\_\_\_ Parent/Guardian Work Number \_\_\_\_\_

I have read and understand the program description and the policies and procedures as outlined in the program information section. I will abide by them.

► \_\_\_\_\_  
**Student Signature** \_\_\_\_\_  
**Date**

► \_\_\_\_\_  
**Parent/Guardian Signature** \_\_\_\_\_  
**Date**

Students will be assigned to one session. We will try to accommodate your request. However, we reserve the right to assign students based on enrollment. Students also enrolled in Career Technical Education will be placed in a GED class that accommodated their CTE class schedule.

Preferred session:  Morning  Afternoon

**SECTION B: ACADEMIC/SCHOOL/SOCIAL/MEDICAL HISTORY** (Note: A complete student transcript and testing records **MUST** be forwarded, and this section **MUST BE COMPLETED.**)

<p>_____ School Name</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;"><b>Please indicate:</b>          _____ <b>Date of discharge (last date student attended a regular high school program leading to a high school diploma).</b>          _____ Student is currently enrolled in classes leading to a high school diploma</p> </div>	<p>► _____ Guidance Counselor</p> <p>Year student entered 9<sup>th</sup> grade: _____</p> <p>Total credits necessary for graduation: _____</p> <p>Number of credits earned to date: _____</p> <p>Variance needed?    <b>NO</b>    <b>YES</b>    (please circle)</p>
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As stated in the General Assurances students will not begin preparation for the GED Tests until they read at 9.0 grade level and demonstrate readiness on tests approved by the Commissioner of Education.

## G.E.D. Program Application Form (continued)

Has this student received any school-based psychological or counseling services? Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, please attach a list of services and providers. **Please include any reports relating to this service.**

HAS THIS STUDENT BEEN REFERRED TO YOUR SCHOOL DISTRICT'S COMMITTEE ON SPECIAL EDUCATION? Yes\_\_\_\_ No\_\_\_\_

If **yes**, was pupil classified? Yes\_\_\_\_ No\_\_\_\_ **Classification:**\_\_\_\_\_

Has the student been declassified? Yes\_\_\_\_ No\_\_\_\_

If **yes**, \_\_\_\_\_With accommodations \_\_\_\_\_Without accommodations?

**IF A STUDENT HAS BEEN/OR IS CURRENTLY CLASSIFIED, INCLUDE THE MOST RECENT IEP.**

If student was not classified but reviewed by the CSE, please include any recommendations made by the CSE.

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Has a §3214 Education Law Hearing decision been made? Yes\_\_\_\_ No\_\_\_\_

If Yes, is the contract attached? Yes\_\_\_\_ No\_\_\_\_

**Medical Concerns:** Please indicate any allergies/medical concerns/restrictions that your child may have: \_\_\_\_\_

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### SECTION C: SCHOOL ADMINISTRATION

Please indicate below your acceptance of this youth into the BOCES AHSEP GED program.

- As soon as possible
- Other (please specify) \_\_\_\_\_

► \_\_\_\_\_ **Principal** \_\_\_\_\_ **Date**

► \_\_\_\_\_ **Superintendent** \_\_\_\_\_ **Date**

**Cayuga-Onondaga BOCES  
Career and Technical Education with GED Options  
(TEP & AHSEP)**

It is our belief that individual needs of our at-risk students can best be met when a clear understanding of program components and duration of program is articulated. Each student in the Alternative High School Equivalency program has a unique set of needs and is involved in a variety of life circumstances. To meet these needs in a more prescriptive manner the following option choices should be evaluated and agreed upon by the home school, the REC staff, student, and parent/guardian before the student begins the program. This type of information will allow the REC faculty to design both short and long term goals that will lead to successful completion of workforce preparation and successful completion of a High School Equivalency Diploma.

**PROGRAM OPTIONS:**

- A. This option will include students who have not yet reached “maximum compulsory school attendance age.” Students will participate in a half-day career & technical education program and a half-day core academic program at the REC.
- B. This option will include half-day of instruction leading toward successful completion of a High School Equivalency Diploma (GED). Linked with this option is a one-year program of half-day career & technical education at the REC.
- C. This option will include half-day of instruction leading toward successful completion of a High School Equivalency Diploma (GED). Linked with this option is a two-year program of half-day career & technical education at the REC.

**Career and Technical Education Program** (please specify): \_\_\_\_\_

Please discuss these options with the parent/guardian, student and principal.

We agree to the option selected above for \_\_\_\_\_  
Student Name

Home School Principal	Date	Student	Date
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Parent/Guardian	Date	GED Principal	Date
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Home Counselor	Date	REC Counselor	Date
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# Form B

New York State Education Department  
Office of Instructional Support and Development  
Safe Schools and Alternative Education Team  
Room 318M Education Building  
Albany, NY 12234

## Application For Variance Of Admission Requirements Alternative High School Equivalency Preparation (AHSEP) Program

SECTION I: Agency Information			
Name of Agency:			
Address:		City	State Zip Code:
Contact Person:			Telephone Number: ( )
Student Name (please print):	Date of Birth:	Age:	Current Grade Designation:
Name of Agency Operating AHSEP Program:			

**SECTION II:** Please complete for student who has been enrolled in grades 9-12 for one year or more.

- A. \_\_\_\_\_ Enter number of credits required for graduation  
B. \_\_\_\_\_ Multiply the number in "A" by .125 and enter the results here  
C. \_\_\_\_\_ Enter the number of complete years student has been in 9-12  
D. \_\_\_\_\_ Multiply B x C and enter the results here  
E. \_\_\_\_\_ Enter the total number of credits earned by the student  
F. \_\_\_\_\_ Subtract D from E and enter (+ or -)

*If the number is negative, the student meets AHSEP admission requirements and no variance is required. If the number is positive, complete the rest of this form and submit it for approval.*

**SECTION III:** Services provided to this student during the last two years

- A.  Yes  No

Have academic intervention services been provided? If yes, please describe.

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B.  Yes  No Have options for programs leading to a local high school diploma been explained to the student and the parent(s) or legal guardian?

C. Indicate below why the variance is requested. Include any extenuating circumstances that have contributed to the student's lack of academic progress and explain why this is the best educational option for the student.

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I hereby request a variance to the eligibility requirements for this student for admission into the AHSEP program for the reasons indicated above.

\_\_\_\_\_  
Original Signature of Superintendent or Chief Administrative Officer

\_\_\_\_\_  
Date

Although I agree with this request, I understand that my son or daughter may return to school at any time before he or she becomes 21 years of age to pursue a local school diploma.

\_\_\_\_\_  
Original Signature of Parent, Guardian or Emancipated Minor

\_\_\_\_\_  
Date

SED USE ONLY

Approved by:

Date: