

Cayuga-Onondaga BOCES Youth GED Program

Guidance Department Instructions for Completing the Application

1. Please obtain all student and parent signatures required on page 1, as indicated by the ► symbol.
2. Please obtain all school and administrative signatures on pages 1 and 2 as indicated by the ► symbol and on the application for variance.
3. Students and parents must complete the Student Release Form. A home school official must sign and date ITEM 3 on the Student Release Form.
4. Indicate whether the student has a disability and/or any medical concerns. **The student's most recent IEP must accompany the application for admission.**
5. **Form B, Application for Variance of Admission Requirements must be completed for all students.** If a variance is required, it is the home school's responsibility to have the variance approved by the State Education Department, prior to submitting the application to BOCES. Please discuss specific students with Kristie Fitzgerald.

Please forward **Form B, Application for Variance** form to:

Linda Seaman
NY State Education Department
Student Support Services
Room 318 MEB
Albany, NY 12234
(518) 486-6090

Once approval is granted, a copy must be forwarded to Kristie Fitzgerald.

6. For students who do not require a variance approval by SED, simply attach a copy of the variance application and student transcript to the application packet and forward to Kristie Fitzgerald.
7. Have student (and parent if student is under 18) complete and sign attachment A – GED application (2 pages) and the Leaving School Grounds permission slip.

NOTE: Students must have reached “maximum compulsory school attendance age” to be admitted into the AHSEP program. This means that the student must have completed the school year in which he or she turned 16 years old.

* If a student is 16 and has not reached maximum compulsory school age they can be admitted into the TEP (Transitional Equivalency Program), however, they will not be eligible to test until the following school year.

2011-2012
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: 2px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;">Please indicate: _____ Date of discharge (last date student attended a regular high school program leading to a high school diploma). _____ Student is currently enrolled in classes leading to a high school diploma</p> </div>	<p>► _____ Guidance Counselor</p> <p>Year student entered 9th grade: _____</p> <p>Total credits necessary for graduation: _____</p> <p>Number of credits earned to date: _____</p> <p>Variance needed? NO YES (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.

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: _____

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.

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.

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:

Eligibility Information

21. Are you 19 years of age or older? If "YES," go to item 23.	➔ <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO," go to item 22. You must obtain the appropriate documentation and include the appropriate attachment with this application identifying the eligibility criteria you meet. (B-2 – B-8, C-2, C-3)
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Eligibility for persons under the age of 19 only.

22. Please use a check mark (✓) to indicate **ONE** eligibility category you meet and attach documentation.

- B2 One year has passed since you were last legally able to leave high school and enrolled in a full-time high school program of instruction; **or**
- B3 You were a member of a high school class that has already graduated; **or**
- B4/C2* You are enrolled in an Approved Alternative High School Equivalency Preparation Program; **or**
- B5/C3* You have been accepted into the U.S. Armed Forces, or you have been accepted into a college, university or accredited post secondary institution; **or**
- B6 *You are a member of the Job Corps; **or**
- B7 *You are incarcerated/institutionalized; **or**
- B8 *You are an adjudicated youth under the direction of a prison, jail, detention center, parole or probation officer.
- B9 *You are at least 17 and have been home schooled.

***You must also have reached "maximum compulsory school attendance age" (The school year [July 1–June 30] in which you turned 16 has ended.)**

Permission to Release GED Test Scores

23. YES NO Do you give permission to have your test results/scores given to your GED preparation program and/or test center listed on this application?

CANDIDATE SIGNATURE _____ DATE _____

Certification/Affidavit

24. I understand that my eligibility for GED testing will be determined based on the information provided on this application and on any enclosed documentation. If any of this information is incorrect and, based on my prior testing record, it is subsequently determined that I did not meet the eligibility requirements on the date that the test session began, I understand that my test will not be scored. I do hereby certify, subject to the penalty for perjury, that the information given on this form and on any enclosures is true to the best of my knowledge and belief.

CANDIDATE SIGNATURE _____ DATE _____

Permission of Parent/Guardian (if candidate is under 18)

25. By signing below I am verifying that the information on this application is true. In addition, I give permission for my son/daughter (circle one) named _____, to take the GED test and to have his/her (circle one) test results given to the GED preparation program and/or test center listed on this application.

PARENT SIGNATURE _____ DATE _____

Leaving School Grounds Permission Slip

As the parent/guardian of _____, I grant permission to the Cayuga-Onondaga BOCES Alternative Education Program to supervise my son/daughter in activities that may be off school grounds while enrolled in the program. This may include walks, field trips, or tours of other sites in the BOCES program. I understand that some of the activities will utilize transportation by BOCES staff. An additional permission slip will be sent out for field trips with information about the activity.

Program Name

Parent/Guardian Signature

Date

Field Trip Permission Slip

I, _____ grant permission for my child, _____
Parent/Guardian Child's Name

to attend any field trips that are under the supervision of a certified staff member.

Signature

Date