

Cayuga-Onondaga BOCES Youth High School Equivalency 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 Melisa Vormwald.

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 Melisa Vormwald.

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 Melisa Vormwald.
7. Have student (and parent if student is under 18) complete and sign attachment A – TASC 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.

2018-2019 Cayuga-Onondaga BOCES High School Equivalency 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: **Melisa Vormwald, 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/Town: _____	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 High School Equivalency class that accommodated their CTE class schedule.

Preferred session: Morning Afternoon

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

School Name	▶ Guidance Counselor
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Please indicate:

Student currently enrolled

Student not enrolled

If **not enrolled**, give Date of Discharge: _____
(From a regular full-time high school program of instruction leading to a high school diploma.)

Year student entered 9 th grade: _____	
Total credits necessary for graduation: _____	
Number of credits earned to date: _____	
Variance needed?	NO YES (please circle)

As stated in the General Assurances students will not begin preparation for the TASC Tests until they read at 9.0 grade level and demonstrate readiness on tests approved by the Commissioner of Education.

High School Equivalency 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____

SECTION C: SCHOOL ADMINISTRATION

Please indicate below your acceptance of this youth into the BOCES AHSEP High School Equivalency program.

- As soon as possible
- Other (please specify) _____

▶ **Principal**

Date

▶ **Superintendent**

Date

Cayuga-Onondaga BOCES
Career and Technical Education with High School Equivalency 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. 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. 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

Parent/Guardian Date High School Equivalency, Principal Date

Home Counselor Date REC Counselor Date

Cayuga-Onondaga BOCES Student Release Form

This form has been developed to conform to the provisions of the Federal Education Amendment of 1974, Public Law 93-380, commonly known at the "Family Educational Rights and Privacy Act of 1974". In order to permit the Cayuga-Onondaga BOCES to obtain educational records and data relevant to the General Education Development Test, scores, and future retest information, it is necessary that the following form be completed for each request.

INSTRUCTIONS: If you are under 18 years of age, complete ITEM 1. Please ensure that both your signature and the signature of your parent/guardian is on this form in the appropriate space provided. If you are over 18 years of age, please complete ITEM 2.

Home School: _____

ITEM 1 I, _____ being the parent and/or legal guardian of
(Parent Name)
_____ understand my rights under the Federal Education
(Student Name)
Amendment of 1974, Public Law 93-380, commonly known as the Family Educational Rights and
Privacy Act of 1974", hereby voluntarily authorize the Cayuga-Onondaga BOCES to obtain State Education
records concerning the General Education Development Test for reasons of maintaining student records.

Signature of Parent/Guardian

Date

I, _____ am aware of and consent to the above authorization.
(Student Name)

(Student Signature)

Date

ITEM 2 I, _____ being over 18 years of age and understanding my rights
(Student Name)
under the Federal Education Amendment of 1974, Public Law 93-380, commonly known as the Family
Educational Rights and Privacy Act of 1974", hereby voluntarily authorize the Cayuga-Onondaga BOCES to
obtain State Education records concerning the General Education Development Test for reasons of maintaining
student records.

(Student Signature)

Date

(ITEM 3 is to be completed by the home school official and the BOCES official requesting information to be released)

ITEM 3 I, _____ having the need to know for reason of
(Home School Counselor/Official)
maintaining student records am hereby requesting TASC Examination results. I understand that this matter is to
be kept confidential and will not be released to anyone other than the educational official listed below in
accordance with the Federal Education Amendment of 1974, Public Law 93-380, commonly known as the
Family Educational Rights and Privacy Act of 1974" and agree to do so.

(Cayuga-Onondaga School Official)

Date

*This is the only variance form acceptable to NYSED, please delete and discontinue the use of past forms

Form B

New York State Education Department
Student Support Services
Room 318M Education Building
Albany, NY 12234

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

SECTION I: Agency Information			
Name of School/District Currently Enrolled:		On the day register?:	
		Yes	No
Address:	City	State	Zip Code:
Contact Person's Name and email address:			Telephone Number:
Student Name (please print):	Date of Birth:	Age:	Current Grade Designation:
Name of District/BOCES/Agency Operating AHSEP Program:		Home District Compulsory Age	
		16	or
		17	

* Student must complete the school year in which they reach the compulsory age of education to be eligible for the AHSEP.

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

*Values entered electronically will be calculated automatically

- A. Enter number of credits required for graduation
- B. The number in "A" is automatically multiplied by .125
- C. Enter the number of complete years student has been in 9-12
- D. B x C results are calculated here
- E. Enter the total number of credits earned by the student
- F. D subtracted from E -calculated automatically (+, - or 0)

If the number on line II F is negative or zero, 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:

Does the student read at least a 9th grade level?

- A. Yes No

Does the student possess math skills of at least a 9th grade level?

- B. Yes No

If no is selected for either A and/or B, instruction must be provided until reading and/or math levels meet the AHSEP requirement of 9th grade competency.

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

VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS WHO ARE 17 OR 18 YEARS OF AGE AND HAVE NOT ATTENDED A REGULAR FULL-TIME HIGH SCHOOL PROGRAM FOR ONE YEAR OR MORE, WHOSE HIGH SCHOOL CLASS HAS ALREADY GRADUATED, OR FOR 16, 17 OR 18 YEARS OF AGE APPLICANTS WHO HAVE BEEN HOME SCHOOLED.


Attachment B must be completed by an official of the school district last attended by the applicant.

APPLICANT TYPES IN INFORMATION FOR THIS SECTION

To be Completed by Applicant	Fill in your name, Social Security Number or Government ID, age and date of birth. An official from the school you last attended <u>MUST</u> complete the section below. You must affix Attachment B to your completed and signed Attachment A "Application for TASC™ Testing."				
	Last Name		First Name		Middle Initial
	Social Security Number or Government ID		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth mm / dd / yyyy
	Address		City	State	Zip Code

*"Maximum compulsory school attendance age" is reached when the school year in which the student turned 16 (or older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 320.5(3) of Education Law) has ended (June 30).

SCHOOL OFFICIAL CLEARLY PRINTS THE INFORMATION CONTAINED IN THIS SECTION IN BLUE INK

To be Completed by School Official	Fill in your school's information below. Check and complete the statement that applies to the above examinee. Sign, date and provide your title, e-mail address and phone number. Affix school's official seal or stamp in the space provided. Only forms with original signatures in blue ink will be accepted.			
	School Name			Phone Number ()
	Address			City
	E-Mail Address			State Zip Code
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and ____ / ____ / _____, was the last day of attendance, dismissal or discharge and that he/she has not been a regularly enrolled student since that time, OR			
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and did not complete requirements for graduation with the class of _____ (based on his or her ninth-grade enrollment) that will graduate or graduated on ____ / ____ / _____, OR			
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and has been home schooled			
Name of School Official (PLEASE PRINT)				
Title of School Official	E-mail			
Signature of School Official	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, _____, to attend any field trips that are under the supervision of a certified staff member.

Parent/Guardian Signature

Date