

Cayuga-Onondaga BOCES Youth High School Equivalency Program Application

1. Please obtain all student and parent signatures required on page 1.
 2. Please obtain all school and administrative signatures on pages 1 and 2 as indicated 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.
- * **Students 18+ years old DO NOT need a variance.**

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.

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.

Any questions, please contact Melisa Vormwald at (315) 253-0361 x5104.

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: _____
Home Address: _____ City/Zip _____ State: _____
Home Telephone: _____ Student Cell Phone: _____
Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____
Parent/Guardian Place of Employment: _____ Sex: M _____ F _____

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

Student 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 and Technical Education will be placed in a class that accommodates their CTE class schedule.

Preferred session: (Please circle one)

Morning (9-11:20) Afternoon (12-2:25)

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 _____ School Counselor

Year Entered 9th grade _____

Number of credits earned to date _____

Variance Needed? (Please Circle) YES NO

*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 service? Yes _____ No _____
If yes, please attach a list of services and providers. **Please include any reports relating to this service.**
- Does this student have an **IEP or 504**? Yes _____ No _____ Declassified? Yes _____ No _____
If yes, please attach a copy of the most recent document.

SECTION C: SCHOOL ADMINISTRATION

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

- _____
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: (Please Circle)

TEP: This option will include students who have not yet reached “maximum compulsory school attendance age.” Students will participate in a half-day career and technical education program and half-day of instruction leading toward successful completion of a high school equivalency diploma.

AHSEP: This option is for students who have reached “maximum compulsory school attendance age” and will participate in a half-day leading up to successful completion of a high school equivalency program, with or without a half-day of career and technical education.

*Please understand that all TEP students will not be able to sit for the TASC exam until they have reached maximum compulsory school attendance age.

- Please fill out the attached **Attachment R** and send to the state for any regents exams that this student was successful passing. These can replace TASC exam subtests if approved. This will be sent directly to the students’ address.

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.

B. Yes No

Have options for programs leading to a local high school diploma been explained to the student and the person in parental relation?

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 Parental Relation _____
Date

My reading and/or math skills are at a 9th grade level and I wish to enroll in the AHSEP to prepare for completion of the Test Assessing Secondary Completion (TASC).

Original Signature of Student _____
Date

Approved by:	Date:

**ATTACHMENT R: Application for the New York State High School Equivalency
 Credit for Regents Examination Scores**
PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Section A. For Applicant Use Only

Applicant's Name		Last Name	First Name	Middle Initial	Suffix
Name at time of Regents Examination(s) Taken (if different from above):					
Applicant's Mailing Address (Street/P.O. Box)					Apartment Number
City			State	Zip Code	
Applicant's Date of Birth		Applicant's Telephone Number		Applicant's Email Address	
Month	Day	Year	() Area Code	Number	
Applicant's Last School District and School Attended:				Have you previously taken a TASC™ or GED® examination in NYS? Yes <input type="checkbox"/> No <input type="checkbox"/>	

I understand that I will not be awarded a New York State High School Equivalency Diploma unless I meet the eligibility requirements and have taken and passed a minimum of one TASC™ subtest.

Signature

Date

Signature of parent/guardian (Required, if applicant is under 18)

Date

Section B. For School Use Only

Applicant's NYSSIS ID : <input type="text"/>		Certifying School BEDS Code <input type="text"/>	
Please check box if not applicable: <input type="checkbox"/>			
Enrollment Status at Application <input type="checkbox"/> Currently Enrolled in a School/District <input type="checkbox"/> Not Currently Enrolled in a School/District			
Name of Certifying School			
Certifying School Address			
City	State	Zip Code	
Principal / Superintendent Name (PRINT)		Telephone Number ()- Number	
I do hereby certify, that the information given on this form and on any attachments, is true to the best of my knowledge.			

Principal / Superintendent Signature: _____ Date: _____

The certifying school must return page 1 and 2 of this form with the applicant's corresponding official transcript(s) to the address above.

Applicant Name:	NYSSIS ID:																		
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Section C. For School Use Only

**Please indicate which of the following Regents Subject Area(s) the applicant has passed.
Please check only one box per Regents Examination Subject Area.**

Regents Examination Subject Area	Passed with a score of 65 or higher	Low Pass or Appeal*	No Credit
English / English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If a Regents Exam score below 65 was considered passing for this student at the time of testing due to the low pass and appeals provisions provided within Section 100.5 of the Regulations of the Commissioner of Education, please check the "Low Pass or Appeal" box only.

Name of School(s) where Regents Examination(s) were taken and passed:

Principal / Superintendent Name (Print)

Principal /Superintendent Signature (Blue or black ink only):

**The certifying school must return this form with the applicant's corresponding official transcript(s) to:
High School Equivalency (HSE) Office,
89 Washington Avenue, EBA 460, Albany, New York 12234**