**Alternative Education Programs**

**Application for Variance of Admission Requirements (Form B)**

**2025-2026**

Alternative High School Equivalency Preparation (AHSEP)

This form is provided for School districts, Boards of Cooperative Educational Services (BOCES), and State agencies intending to operate an AHSEP program in New York State for the 2025-2026 school year and intending to enroll a student who requires a variance for admission to the AHSEP program.

Further information about eligibility requirements for AHSEP programs can be found on the [Office of Student Support Services’ Alternative High School Equivalency Preparation and Alternative Transition Program webpage](https://www.nysed.gov/student-support-services/ahsep-atp-applications).

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| **Submission** |

Applications should be submitted via email to AltEd@nysed.gov.

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| **Instructions** |

**Section I: Agency Information**

Please provide all the information requested in Section I of the application for a student who requires a variance to be enrolled into an AHSEP program.

* The school / school district address should be the address of the school / school district in which the student currently attends.
* Please note that students must complete the school year in which they reach the home district’s compulsory age of education to be eligible for the AHSEP program. The school year is between July 1, 2025 and June 30, 2026.
* A variance is **not** needed for a student 18 years of age or older.

**Section II: Variance Calculation**

To determine if a student qualifies for a variance, enter the information in the provided table based on the student’s academic career. This should be completed for students who have been enrolled in grades 9-12 for one or more years.

Requested information includes: the number of credits required for graduation, the number of years the student has been in grades 9-12, and the total number of credits earned by the student. To complete the calculation accurately, please follow the mathematical instructions in Section II carefully.

* If the total amount in Row F of the table in Section II is *negative or zero*, the student meets the AHSEP admission requirements, and no variance is needed.
* If the total amount in Row F of the table in Section II is *positive*, please complete the remaining sections of this form and submit it for approval.

**Section III: Student Information**

Please answer the questions in this section regarding the student’s reading and math grade levels, as well as information regarding why they require an AHSEP variance. Several questions require further information and thus space is provided. If additional space is needed, please attach a separate sheet.

* Please note that if either question A or B are answered no, the student should **not** begin instruction specifically designed for the AHSEP unless they can perform math or reading at a 9.0 grade level as determine by a standardized achievement test. Students who are not performing at a 9.0 grade level should receive intensive remedial instruction.

**Section IV: Signatures**

For the application to be approved, NYS Education Department (NYSED) requires a signature and printed name for the superintendent/district superintendent/chief administrative officer, the parental relation of the student, and the student themselves. Before each signature, there is a section that must be read by the parental relation and student.

The application will be signed and dated by NYSED staff and kept on premises. A notification will be sent to the designated contact person via email with approval or denial of the variance.

**2025-2026**

**Application for Variance of Admission Requirements (Form B)**

Alternative High School Equivalency Preparation (AHSEP)

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| **Section I: Agency Information**  |
| Name of School District Currently Enrolled In:  | On Day Register (Enrolled)?[ ] Yes [ ] No |
| School / School District Address: |   |
| State: |   | Zip Code: |   |
| Name of Contact Person: |   |
| Email Address: |   |
| Telephone Number: |   |
| Student Name: |   |
| Date of Birth: |   | Age: |   | Current Grade Level: |   |
| Name of District/BOCES/State Agency Operating AHSEP Program:  | Home District Compulsory Age\*:[ ] 16 [ ] 17 |

*\*Please note that students* ***must*** *complete the school year in which they reach the home district’s compulsory age of education to be eligible for the AHSEP program. The school year is between July 1, 2025 and June 30, 2026. Additionally, a variance is* ***not*** *necessary for a student 18 years of age or older.*

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| **Section II: Variance Calculation** |

Complete this section for a student who has been enrolled in grades 9-12 for one year or more. Follow the mathematical instructions carefully to determine if the student qualifies for a variance.

* If the total amount in Row F is ***negative******or zero***, the student meets the AHSEP admission requirements and no variance is needed.
* If the total amount in Row F is ***positive***, please complete the remaining sections of this form and submit it for approval.

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| 1. Enter the number of credits required for graduation.
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| 1. Multiply the number in *Row A* by 0.125.

*(i.e. Row A x 0.125)* |   |
| 1. Enter the number of complete years the student has been in grades 9-12.
 |   |
| 1. Multiply the numbers in *Row B* and *Row C*.

*(i.e. Row B x Row C)* |   |
| 1. Enter the total number of credits earned by the student.
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| 1. Subtract the total amount for *Row D* from *Row E*.

*(i.e. Row E – Row D)* |   |

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| **Section III: Student Information** |

Please be detailed in your responses to the following questions. If additional space is needed, please attach a separate sheet.

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| 1. Does the student possess reading skills of at least a 9th grade level?

[ ] Yes [ ] No |
| 1. Does the student possess math skills of at least a 9th grade level?

[ ] Yes [ ] No |

*\*If answering “no” to question A or B, the student should not begin instruction specifically designed for the AHSEP unless they can perform math or reading at a 9.0 grade level as determine by a standardized achievement test. Students who are not performing at a 9.0 grade level should receive intensive remedial instruction.*

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| 1. Have academic intervention services (AIS) been provided? If yes, please describe.

[ ] Yes [ ] No |
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| 1. Have options for programs leading to a local high school diploma been explained to the student and the person in parent relation?

[ ] Yes [ ] No |
| 1. Describe below why the variance is requested. Please 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. |
|   |
| 1. Has the student taken any Regents examinations and passed?

[ ] Yes [ ] No |

*\*If answering “yes” to question F, be sure to submit the* [*R-Application*](https://www.acces.nysed.gov/sites/acces/files/hse/application-r.pdf) *per the instructions provided on the* [*NYSED High School Equivalency webpage*](https://www.acces.nysed.gov/hse/regents-hse-exam)*.*

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| **Section IV: Signatures** |

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| I hereby request a variance to the eligibility for the student for admission into the AHSEPprogram for the reasons indicated above. |
| **Original Signature of Superintendent or Chief Administrative Officer:**  | **Date:**   |
| Print Signature of Superintendent of Chief Administrative Officer:   |

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| I agree with this request for a variance to the eligibility requirements for admission into the AHSEP program. I also understand that my student may return to school at any time beforethey become 21 years of age to pursue a local school diploma. |
| **Original Signature of Parental Relation:**  | **Date:**   |
| Print Signature of Parental Relation:   |

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| I wish to enroll in the AHSEP program to prepare for completion of the GED® Test. I understand that if I am not performing math and reading at the 9th grade level, I will not receive instruction specifically designated for alternative testing preparation, but will rather bereferred to an intensive remedial instruction. |
| **Original Signature of Student:**  | **Date:**  |
| Print Signature of Student:   |

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| **For NYS Education Department staff *only*:** |
| **Approval Signature by Office of Student Support Services Staff:**  | **Date:**   |