

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.
6. Please fill out Attachment R if a student has passed any regents exams and send to the address listed with an official transcript.

Please forward Form B, Application for Variance form to:

**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.

*Please forward a transcript with each application.

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.

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 day register?:	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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	
		<input type="checkbox"/> 16 or <input type="checkbox"/> 17	

* Student must complete the school year in which they reach the compulsory age of education to be eligible for the AHSEP. A variance is not needed for students 18 or older. School year is from July 1, 2019 - June 30, 2020

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. 0 The number in "A" is automatically multiplied by .125
- C. Enter the number of complete years student has been in 9-12
- D. 0 B x C results are calculated here
- E. Enter the total number of credits earned by the student
- F. 0 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 possess reading skills of 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, students shall not begin instruction that is specifically designed for the alternative testing preparation unless they can perform math and reading at a 9.0 grade level as determined by a standardized achievement test; students who are not performing at the 9.0 grade level should be referred to an intensive remedial instructional program.

C. Yes No Have academic intervention services been provided? If yes, please describe.

D. Yes No Have options for programs leading to a local high school diploma been explained to the student and the person in parental relation?

E. 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.

F. Yes No Has the student taken any Regents Examinations and passed?

If yes, you must submit a copy of the Attachment R in order for the variance to be approved. The attachment and instructions can be found at: <http://www.access.nysed.gov/hsc/attachment-r>.

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

I wish to enroll in the AHSEP to prepare for completion of the Test Assessing Secondary Completion (TASC); I understand that if I am not performing math and reading at the 9.0 grade level, I will not receive instruction specifically designed for alternative testing preparation but will rather be referred to an intensive remedial instructional program.

Original Signature of Student _____
Date

Approved by:	Date:
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**R Application: Application for the New York State High School Equivalency
 Credit for Regents Examination Scores**

If not using Online fillable form, please print clearly in blue or black ink.

Section A. Applicant Information														
Name Last Name		First Name		Middle Initial	Suffix									
Name when Regents Examination(s) Taken (if different from above):														
Mailing Address (Street/P.O. Box)				Apartment Number										
City			State	Zip Code										
Date of Birth		Telephone Number		Email Address (print neatly and clearly)										
Month	Day	Year	() Area Code	Number										
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"/>											
A Universally Unique Identifier, or UUID, is required to link NYS Regents' credits with TASC™ subtest scores. A UUID is obtained by setting up an account with DRC - the company which administers the TASC™ - through their self-registration process. Go to https://newyork.tasctest.com/ . Provide your 9 digit UUID here.			<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
<i>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.</i>														
_____			_____											
Applicant Signature			Date											
_____			_____											
Signature of parent/guardian (Required, if applicant is under 18)			Date											

Section B. For Adult Education High School Equivalency Preparation Program Use Only											
If an Adult Education HSE preparation program is assisting the applicant in completing this form, please include the information below.											
Preparation Program Name:				Preparation Program Code:							
Preparation Program Administrator Name (Print):				<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>							
Preparation Program Administrator Signature (Blue or black ink only):											

Section C. For School Use Only

Applicant's NYSSIS ID : <input style="width:90%;" type="text"/>	Certifying School BEDS Code <input style="width:90%;" type="text"/>
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Please check box if applicant does not have NYSSIS ID:

Enrollment Status at Application Currently Enrolled in a School/District Not Currently Enrolled in a School/District

Name of Certifying School

Certifying School Address

City State Zip Code

Principal / Superintendent Name (PRINT)

Telephone Number

()-
Area Code 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: _____

**Indicate which of the following Regents Subject Area(s) the applicant has passed.
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.

The certifying school must return both pages of this form, with the applicant's corresponding official transcript(s), to the NYSED High School Equivalency (HSE) Office. The HSE address is listed at the top of the form.

If no Regents credit can be issued, DO NOT send to NYSED; return the form to the applicant with an explanation.