

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. Indicate whether the student has a disability and/or any medical concerns. The student's most recent IEP **must** accompany the application for admission.
4. **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.
5. Please attach a current transcript with the application.
6. If a student has any regents exams, an Attachment R will need to be sent to the New York State Education Department. **(You will be sent a GED ID # from Melisa Vormwald to put on the Attachment R before it is to be sent once the student has started the program).**

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 (or 17, if applicable based on the policy of the home school district).

* 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, School 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 GED 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 GED exam until they have reached maximum compulsory school attendance age.

CTE Program: _____