\*\*This is the only form acceptable to NYED, please delete and discontinue the use of past forms-June 2023

**Form B**

New York State Education Department

Student Support Services

Room 318-M, Education Building

Albany, NY 12234

**Application for Variance of Admission Requirements**

 **Alternative High School Equivalency Preparation Program (AHSEP)**

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

*\*Student must complete the school year in which they reach the home district’s compulsory age of education to be eligible for the AHSEP. A variance in not needed for students 18 or older. School year is from July 1, 2023 – June 30, 2024.*

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

1. Enter number of credits required for graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Multiply the number in “A” by 0.125 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Enter the number of complete years the student has been in grades 9-12 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. B x C results are calculated here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Enter the total number of credits earned by the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Subtract D from E (+, -, 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 Does the student possess math skills

of at least a 9th grade level? of at least a 9th grade level?

A. Yes No B. Yes No

If no is selected for either A or B, students should 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 receive intensive remedial instruction.

1. Yes  No  Have academic intervention services been provided? If yes,

 please describe.

1. Yes  No  Have options for programs leading to a local high school

 diploma been explained to the student and the person in

 parental relation?

1. 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.

1. Yes**\*\* ** No  Has the student taken any Regents Examinations and passed?

\*\*If yes, please ensure that you submit the [R Application](http://www.acces.nysed.gov/hse/r-application) per the instructions given at the [HSE R-Application Instructions](http://www.acces.nysed.gov/hse/application-r) page.

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 GED® Test; 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

Date:

Approved by: