

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)**

SECTION I: Agency Information			
Name of School District Currently Enrolled In:		On day register?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> or 17 <input type="checkbox"/>	

**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 is 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.

- A. Enter number of credits required for graduation _____
- B. Multiply the number in "A" by 0.125 _____
- C. Enter the number of complete years the student has been in grades 9-12 _____
- D. B x C results are calculated here _____
- E. Enter the total number of credits earned by the student _____
- F. 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 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 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.

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, please ensure that you submit the [R Application](#) per the instructions given at the [HSE R-Application Instructions](#) 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

Approved by:	Date:
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