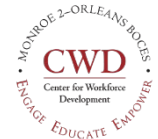




**Center for Workforce
Development**



**School Age High School Equivalency Program (AHSEP) Form
for in-school students, age 16-20**

email to: hseinfo@monroe2boces.org

District:	Date:	Student ID Number:
<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student		
Student First Name:	Student Last Name:	MI:
Student Preferred Name (if different):		DOB:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> non-binary <input type="checkbox"/> Other	Pronouns:	Grade:
Student Address:		
City:	State:	Zip:
Student Cell Phone:	Student email:	
<p>Which of the following best describes the student? Check all that apply.</p> <p>Asian or Pacific Islander Black or African American Hispanic or Latino Native American or Alaskan Native White or Caucasian Multiracial and Biracial Race/ethnicity not listed here</p>		
<p>Primary Contact:</p> <p>Relationship to student:</p> <p>Lives with student:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Can pick up student:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Receives email:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Secondary Contact:</p> <p>Relationship to student:</p> <p>Lives with student:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Can pick up student:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Receives email:</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	

School Age High School Equivalency Program (AHSEP) Form continued

<p><i>Primary Contact continued:</i></p> <p>Primary Language: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: _____</p> <p>C: _____</p> <p>H: _____</p> <p>W: _____</p> <p>Email: _____</p>	<p><i>Secondary Contact continued:</i></p> <p>Primary Language: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: _____</p> <p>C: _____</p> <p>H: _____</p> <p>W: _____</p> <p>Email: _____</p>
<p>Is the student involved with community agencies? (Probation, family court, DSS)</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Is the student working?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>Were parents/guardians contacted regarding this referral?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Are parents/guardians in agreement?</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>
<p>District Contact for Referral:</p> <p>_____</p> <p>(print)</p>	<p>District Approval:</p> <p>_____</p> <p>(signature)</p>
<p>District Phone: _____</p>	<p>District email: _____</p>

Referral Checklist: (required components)

- ☐ Academic Transcript (including Regents Assessment scores)
- ☐ Current Physical and Immunization Record
- ☐ WEMOCO Student Transportation Form (only if student is driving instead of taking the school bus)
- ☐ If applicable:
 - ☐ IEP/504
 - ☐ FBA/BIP
 - ☐ Copy of Attachment R (send directly to state and provide copy to BOCES 2 - CWD)
 - ☐ Approved Variance

Additional Notes: