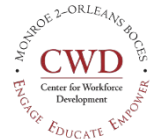




**Center for Workforce
Development**



**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> <ul style="list-style-type: none"> 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 		
Primary Contact: Relationship to student: Lives with student: <input type="checkbox"/> yes <input type="checkbox"/> no Can pick up student: <input type="checkbox"/> yes <input type="checkbox"/> no Receives email: <input type="checkbox"/> yes <input type="checkbox"/> no	Secondary Contact: Relationship to student: Lives with student: <input type="checkbox"/> yes <input type="checkbox"/> no Can pick up student: <input type="checkbox"/> yes <input type="checkbox"/> no Receives email: <input type="checkbox"/> yes <input type="checkbox"/> no	

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 scores)

Current Physical and Immunization Record (required for under 18, within the last 12 months)

Copy of Government-issued photo ID (not required for referral submission, but required to register for GED test)

If applicable:

- CWD Student Transportation Form (only if student is driving instead of taking the school bus)
- IEP/504
- FBA/BIP
- Approved Variance

Additional Notes: