

**VERIFICATION FORM FOR
 NEW YORK STATE GED TEST APPLICANTS 16, 17, OR 18 YEARS OF AGE ENROLLED IN AN APPROVED
 ALTERNATIVE HIGH SCHOOL EQUIVALENCY PREPARATION PROGRAM ***

***NOTE:** An Approved Alternative High School Equivalency Preparation Program is one for students under age 19 operated only by a public school district or the local board of education or BOCES in accordance with Part 100.7 of the Commissioner's Regulations and approved on an annual basis by the State Education Department.

Under Commissioner's Regulations 100.7 (1) (XVIII): "Students preparing to take the high school equivalency examination shall not be referred to that test unless they demonstrate readiness as indicated by tests approved by the Commissioner."

Program Information

PLEASE PRINT CLEARLY IN INK

Name of Alternative High School Equivalency Preparation Program		5-Digit Program Code						
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Address (Street/P.O. Box)								
City		State	Zip Code					

Applicant Information

Last Name		First Name		Middle Initial																														
Address				Apartment Number																														
Social Security Number		Age	Date of Birth																															
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Month	Day	Year																																

Official Practice Test (OPT) Information

Date of Test _____ Form _____	Scores
* Minimum 410 required	Language Arts Reading * _____
** Minimum 2250 Required	Language Arts Writing * _____
	Mathematics * _____
	Science * _____
	Social Studies * _____
	Total ** _____

By signing below, I verify that the above applicant is enrolled in an Approved Alternative High School Equivalency Preparation (AHSEP) Program and has reached "maximum compulsory school attendance age." Maximum compulsory school attendance age is reached when the school year in which the student has turned 16, or such older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 3205(3) of Education Law has ended (June 30). It is my understanding that the applicant may not take the GED test until July 1st of the year in which he or she turned 16 or such older maximum age as referenced above. I also verify that the applicant demonstrates readiness to test as evidenced by scores on the Official Practice Test and/or observed academic performance.

Signature of AHSEP Program Director

Print or Type Director's Name

Date

