



## HiSET Option Program Contract

Student Information			
Student Name		Address	
Parent/Guardian Name		Parent/Guardian address, if different from student	
Mobile number –student	-Parent	-Other	
Student’s date of birth	Expected Graduation Year	Credits required /credits to date	
Student’s last reading score	Test type and date		

Academic Options		
The following academic options are available for this student (i.e., 5 <sup>th</sup> year, Gradpoint, MTDA, etc.)		
1.		
2.		
3.		
Participation Requirements		
Participation for _____ requires the following:		
Student Initials		
	1. Full-time Attendance 3 hours in HiSET _____ hours in regular instruction.	
	2. Follow all applicable school rules and codes of conduct as described in school district program policy.	
	3. Completion of a career pathways portfolio that includes a transition plan for after graduation.	
	4. Monthly meetings with the counselor to discuss progress. (Parent/guardian(s) will attend if requested.)	
	5. Payment of the HiSET test fees. (\$50.00 plus test center fee.)	
	6. District requirements to achieve a diploma.	
	7. Other.	



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\*If the student has a disability, attach a signed copy of the Individual Education Plan or 504.

Successful completion of the HiSET test battery and fulfilling the other requirements outlined within this document will entitle the student to receive a high school diploma from \_\_\_\_\_ Public Schools.

	Post-Graduation Goal (Transition Plan)	

	Activities to support ongoing academic activities and the transition plan		
Fall Semester	Course Relevance	Spring Semester	

TP = Transition Plan  
 GR = Graduation Requirement  
 E = Elective





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	Print the names of the participants in the HiSET Option Orientation /Permission Meeting	
Participants must include the student, parent or guardian, assigned school counselor, principal, at least one of the student's teachers and the HiSET Option program coordinator if different from the above.		
Name	Title	
	Student	
	Parent/guardian	
	Classroom teacher	
	School Counselor	
	Administrator	
	HiSET Coordinator	

	Certification	
<p>I have met with the people listed in this document and I understand that participation in the HiSET Option Program is voluntary and that successful completion will allow me to receive a high school diploma from _____ Public Schools and participate in the graduation ceremony with the rest of my class. I further understand that failure to comply with the expectations outlined in this document could result in dismissal from the HiSET Option Program and a loss of all credit hours, and test score results achieved while enrolled. <i>Alternative plans for my future would be discussed at that point.</i></p>		
Signatures	Date	
Student		
Parent/guardian		
School counselor		
Principal		
Classroom teacher		
HiSET Option Program Coordinator		