

HiSET Options Student Contract

Student Information

Student Name	Student Address
Parent/Guardian Name	Parent/Guardian Address
Student Phone Number	Parent/Guardian Phone Number
Student Date of Birth	Credits Earned to Date
Expected Graduation Date	Student's Last Reading Score and Grade Level Equivalent
Assessment Name	Test Date

Academic Options

Describe the academic options available for the student (i.e., 5 th year, Summer School, MTDA, etc.)
1.
2.
3.
4.
5.

Participation Requirements

Participation for (student name) _____ requires the following:	
	Student Initials
1. Full-time attendance. Three (3) hours in HiSET classes per day, and _____ 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 in school district program policy.	
4. Monthly meetings with the counselor to discuss progress. Parent/guardian(s) will attend if requested.	
5. Payment of HiSET test fees (\$75 plus test center fee if applicable).	
6. District requirements to achieve a diploma.	
7. Obtain state issued driver's license/photo ID for testing.	
8. Other:	

HiSET Options Student Contract

*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 Goals (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

HiSET Options Student Contract

Post HiSET Activities

Other Notes

HiSET Options Student Contract

Printed Names of Participants in the HiSET Options 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 Options Coordinator.)

Name	Title
	Student
	Parent/Guardian
	Classroom Teacher
	School Counselor
	Principal/Administrator
	HiSET Options Coordinator

Certification

I have met with the people listed in this document and I understand that participation in the HiSET Options 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 Options Program and a loss of all credit hours, and test score results achieved while enrolled. *Alternative plans for my future would be discussed at that point.*

Signatures	Date
Student	
Parent/Guardian	
Classroom Teacher	
School Counselor	
Principal/Administrator	
HiSET Options Coordinator	