



High School Equivalency Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Montana High School Equivalency (HSE)
16 Year Old Waiver Application
for HSE Testing

APPLICANT SECTION (to be completed by applicant)

Last Name: _____ Sex: Male Female
First Name: _____ Last School Attended: _____
Middle Initial: _____ Birth Date: _____ Last Date Attended (mm/yyyy): _____
Mailing Address: _____ Highest Grade Completed: _____
City: _____ Check-box for selection, below (choose only one):
State: _____ Zip: _____ Testing at a GED Test Center
Location: _____
GED/HiSET ID #: _____ Testing at a HiSET Test Center
Location: _____
Testing via Online Proctored GED
(Online Proctored GED tests are recorded).
Signature: _____ Date: _____

SCHOOL SECTION (to be completed by Chief Education Officer)

The applicant has withdrawn from public, private, or home school in Montana. Date of dropped enrollment: _____. Attach an original, official school withdrawal letter on letterhead that clearly identifies the candidate by name, date of birth, and provides the last school enrollment date and signed by the chief education officer (Principal, Vice Principal, HS Counselor, Home School Parent, or County Superintendent) verifying the candidate has been advised of in school and alternative education options.

Candidates with no previous high school enrollment are required to provide documentation from a chief education officer or the county superintendent of the county in which the candidate currently resides, documenting the candidate has not enrolled in school and has been advised of in-school and alternative education options.

I certify the applicant and his/her parent, legal guardian, or advocate have been advised of available in-school and alternative education options and the pursuit of a HSE is considered in this applicant's best educational interest.

School Name: _____ City: _____ State: _____ Phone Number: _____

Printed Name of Chief Education Officer: _____ Title: _____

Signature of Principal, Vice Principal, HS Counselor, Home School Parent, or County Superintendent _____ Date _____

PARENT/LEGAL GUARDIAN/ADVOCATE* SECTION (must be notarized)

I hereby authorize by my signature permission for _____ to pursue a high school equivalency credential through the HSE Testing Program.

Parent/Legal Guardian/Advocate* Name (print) _____ Daytime Phone Number _____ Mailing Address _____

Parent/Legal Guardian/Advocate* Signature _____ Date _____ City _____ State _____ Zip _____
Relationship to Applicant: (check one) Parent Legal Guardian Advocate* (title _____)

*Advocate: A responsible adult with knowledge of the applicant's substantial and warranted reasons for leaving regular school program. Advocate's signature in lieu of parent/legal guardian signature when applicant does not live with parent/legal guardian.

TO BE COMPLETED BY NOTARY PUBLIC: Subscribed and sworn to before me this _____ day of _____, 20____
Signature of Notary Public _____
My commission expires _____, 20____

16 Year Old High School Equivalency Testing Recommendation

Date: _____ Official Practice Test Version: _____

Dear High School Equivalency Administrator,

_____, a 16-year-old Adult Education student, has demonstrated preparedness for High School Equivalency (HSE) testing. This student has taken official practice tests and has scored prepared (P) or well-prepared (WP) on each subject.

Practice Test Log			Date	Score	Preparedness	
GED Language Arts					P	WP
HiSET Language Arts: Reading					P	WP
HiSET Language Arts: Writing/Essay					P	WP
Math	GED	HiSET			P	WP
Science	GED	HiSET			P	WP
Social Studies	GED	HiSET			P	WP

It is our recommendation that this student be allowed to proceed with HSE testing.

Official score reports are attached.

Thank you,

Signature of Adult Education Director

Adult Education Director Name _____

Adult Education Program Name _____

Adult Education Address _____

Adult Education Phone _____

Adult Education Email _____

Checklist for completing the 16 Year Old Waiver Application
All letters must be on official letterhead and include verifiable contact information.

16 Year Old Waiver Application - Administrative Rules of Montana (ARM) 10.66.113:

A completed, signed, and notarized 16-year old age waiver application form with inked signatures providing school status as required under ARM 10.66.112 and notarized permission from the candidate's parent or legal guardian demonstrating consensus of applicant, chief education officer, and applicant's parent/legal guardian that HSE testing is considered in the best educational interest of the applicant.

Letter Verifying High School Withdrawal:

An original letter on official letterhead with signature from a chief education officer (Principal, Vice Principal, HS Counselor, Home School Parent, or County Superintendent) that clearly identifies the candidate by name, date of birth, and provides the last school enrollment date and verifying the candidate has been advised of in-school and alternative education options.

Letter of Academic Preparedness & 16 Year Old High School Equivalency Testing Recommendation Form:

An original letter on official letterhead with signature from an OPI Adult Education Director or Literacy Program Director stating the candidate has successfully completed HSE preparation classes or has attained pretest scores indicating a likelihood that the candidate will pass the official HSE test; and documentation from the same source certifying the applicant obtained pre-test scores substantiating preparedness for the official HSE Test Battery. The 16 Year Old High School Equivalency Testing Recommendation Form is attached (page 2) and must be submitted with this application.

Letter from Postsecondary, Training, or Employer:

An original letter on official letterhead with signature from an employer, continuing education, or training program indicating that acceptance of the candidate is based upon successful completion of HSE testing.

Montana Identification:

A copy of the test taker's current state issued photo ID documenting Montana residency.

Send the entire completed application packet to:

High School Equivalency Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

Questions? Call the HSE Helpline at 406-444-4151 or email OPIHSE@mt.gov.

Helpful links:

Administrative Rules

Home School Withdrawal Letter Template to HSE Test