



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

**MONTANA HIGH SCHOOL EQUIVALENCY
 (HSE) TESTING PROGRAM
 16-YEAR-OLD WAIVER APPLICATION**

APPLICANT SECTION (to be completed by applicant)

Last Name: _____ Sex: Male Female
 First Name: _____ Last School Attended: _____
 Middle Initial: _____ Last Date Attended (mm/yyyy): _____
 Mailing Address: _____ Highest Grade Completed: _____
 City: _____ (Check-box for selection, below)
 State: _____ Testing at a HiSET Test Center
 HiSET Test Center Location: _____
 Zip: _____
 ETS ID #: _____ Testing using the HiSET at Home Option
 (HiSET at Home sessions are recorded)
 Signature: _____ Date: _____

SCHOOL SECTION (to be completed by chief education officer)

- The applicant is no longer enrolled in school. Date of dropped enrollment _____. Attach: 1) school withdrawal document verifying applicant has been out of school 90 days OR 2) letter of approval to pursue HSE on school letterhead signed by chief education officer providing applicant's withdrawal date.
- The applicant last attended school in a state other than Montana. The applicant has been advised of local in-school options and has never enrolled in this public school district. Attach verification letter.
- The applicant has graduated from a high school not accredited by the state of Montana. Date of graduation _____. Attach request letter.
- The applicant resides at a Job Corps Center; youth correctional facility; group home; alcohol/drug treatment center; or is under court/youth probation jurisdiction. Applicant's circumstances and withdrawal from tradition school setting warrant pursuit of HSE. Attach facility director's request letter.

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

School Name: _____ Address: _____ City: _____ State: ____ Zip: _____
 School Phone Number: _____

 School Official's Signature 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____

CHECK LIST FOR FILLING OUT THE 16 YEAR-OLD WAIVER FORM

Waiver of Minimum Age Requirement: An applicant 16-years of age who because of special and warranted circumstances is no longer enrolled in a regular school program may apply for a waiver of the minimum age requirement provided the following criteria can be documented (16-year old waiver applications must be submitted for review and approval to the State HSE Administrator prior to testing):

- 1. Completed, signed and notarized 16-year old Age Waiver Application Form with inked signatures and required school documentation on official letterhead with inked signatures attached (2C) demonstrating consensus of applicant; school officials; and applicant's parent/legal guardian that the HSE testing program is considered in the best educational interest of the applicant;
- 2. Original letter, on letterhead with inked signature, from an OPI Adult Basic Education (ABE) Director or Literacy Program Director certifying that the applicant has enrolled in/attended HiSET preparation classes and is academically prepared to attempt the HiSET Test Battery; and/or documentation from same source certifying the applicant obtained pre-test scores substantiating preparedness for the official HSE Test Battery;
- 3. Letter of documentation, on official letterhead with inked signature, establishing applicant's need to obtain a HSE at age 16, originally signed and coming from one of the following:
 - a) post-secondary admissions officer
 - b) employer requiring HSE for employment purposes

Send this application along with the three required letters to:

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

Questions? Call the HiSET State Coordinator at 406-444-1691