

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**REGULATION 509.1
FORM**

**High School Equivalency Certificate
REQUEST/ENROLLMENT to Test for the High School Equivalency (HSE)**

This form is to be completed by students at least 16, but less than 18 years of age. Form must be returned to the high school principal and submitted to the Superintendent's Office at least 10 working days prior to the HSE test.

Name of Student _____ Date _____

Parent/Guardian Name _____

Student Birthdate _____ Gender _____

Student ID _____ School last Attended _____

Student Residence Address _____

City _____ Zip Code _____

Home Phone _____ Parent/Guardian Work/Cell Phone _____

A student who is at least 16 years of age may be granted permission to take the HSE test prescribed by the State Board of Education, if the student meets the following criteria (please initial that you have read and understand each):

_____ (a) Resides in the Carson City School District;

_____ (b) is at least 16 years of age, but less than 17 years of age;

_____ (c) has not graduated from high school;

_____ (d) met with the High School Principal or Designee to discuss this request;

_____ (e) has agreed to have this request submitted to the Superintendent or designee for review and if so approved, to be placed on an agenda for consideration by the Board of Trustees at a duly noticed public meeting prior to withdrawing from high school and prior to taking the HSE examination;

_____ (f) will withdraw from school once he or she is approved by the Board of Trustees to take the HSE examination; and

_____ (g) has fully responded to the following questions:

Who referred you to take the High School Equivalency Exam?

Why are you interested in leaving high school and earning a High School Equivalency Certificate?

What educational options have been explored with you (student and parent/guardian)?

If the high school could do something to help you stay enrolled, what would it be?

Describe the reasons to justify why you should be allowed to take the High School Equivalency examination:

Required Signatures:

Student _____ Date _____

Parent/Guardian _____ Date _____

Counselor _____ Date _____

Dean _____ Date _____

Principal _____ Date _____

(Upon Completion of Form: Site must send the original form to Educational Services. Copies must go to school counselor, Dean and Adult Education)

Associate Superintendent _____ Date _____

Board of Trustees () Approved () Denied Date _____

Note: Educational Services will send a letter to parents/guardians notifying them of approval.

Adopted: February 24, 2015