

ATTACHMENT A

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency (HSE) Office
(518) 474-5906

APPLICATION FOR TASC™ TESTING (2015) (Must be Completed Each Time You Apply to Test)

WRITE IN A RESPONSE TO EACH ITEM AND SIGN THE APPLICATION IN INK
Send this application to a test center in your area.
Do not send completed application to the NYSED HSE Office.

*These items must be filled-in by the applicant.

A. High School Equivalency Testing History*

1.	Have you ever taken a TASC™ Test (2014-present) in another State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Have you ever taken the TASC™ Test (2014-present) in New York State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever taken the GED® Test (2002-2013) in New York State?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	What name did you use the last time you tested in New York State? _____	_____	_____
	First Name	Middle Initial	Last Name
5.	Name of Test Center Where You Took Your Last TASC™/GED® Test	Date When the Last Test Was Taken	
	_____	_____/_____/_____	

If you answered "yes" to questions 2 or 3, it is recommended that you provide a copy of your latest failure notice and mail a copy of it with this application to the testing center.

B. Residency Requirements to take the TASC™ Test in New York State*

6.	In addition to providing government issued identification to verify your identity, you must provide written proof that you have lived in New York State for at least thirty (30) days prior to taking the TASC™ test. (Provide copies, not originals). Check which type of proof you are mailing to the test center with this application: <input type="checkbox"/> NYS Driver's License <input type="checkbox"/> NYS Non-Driver's license <input type="checkbox"/> Automobile Registration <input type="checkbox"/> Copies of NYS Tax Return <input type="checkbox"/> NYS Apartment Lease <input type="checkbox"/> Deed/Mortgage Statement <input type="checkbox"/> Bank/Credit Card Statement <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Selective Service Card <input type="checkbox"/> Homeowner or Renter's Insurance Policy <input type="checkbox"/> Telephone Bill/Utility Bill/Cable Bill <input type="checkbox"/> NYS Juror Card <input type="checkbox"/> NYC Municipal ID
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C. Maximum Compulsory School Attendance Age*

7. In New York State all applicants must have reached “maximum compulsory school attendance age” in order to take the TASC™ test. Applicants reach “maximum compulsory school attendance age” when the school year in which they turn 16 years of age has ended (June 30). In New York City, however, applicants reach “maximum compulsory school attendance age” when the school year in which they turn 17 years of age has ended (June 30). “Maximum compulsory school attendance age” does not apply to any applicant 18 years of age or older by the day of testing.

I certify that I have reached maximum compulsory school attendance age.
No

Yes

D. New York State Age Eligibility Requirements for 17 or 18 year old applicants*.

In addition to meeting the “maximum compulsory school attendance age” requirement (17 year olds only), all 17 and 18 year old applicants must meet one (1) of the ten (10) eligibility criteria listed below in order to test. An applicant who meets any of these criteria must mail in the required proof of eligibility with this application to the Test Center. For copies of these required attachments go to : <http://www.acces.nysed.gov/ged/forms.html>

8.	Age Eligibility Criteria Description – for 17 or 18 year old applicants	Required Proof of Eligibility
<input type="checkbox"/>	Applicant is foreign born and has never attended K-12 schools in the United States. Applicant must submit a copy of his/her visa or passport showing initial arrival date in the United States.	Attachment F (Must be notarized)
<input type="checkbox"/>	One year has passed since the applicant was last legally able to leave high school and last enrolled in a full-time high school program of instruction.	Attachment B
<input type="checkbox"/>	Applicant was a member of a high school class that has already graduated.	Attachment B
<input type="checkbox"/>	Applicant is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/>	Applicant has been accepted into the United States Armed Forces.	Attachment D
<input type="checkbox"/>	Applicant has been accepted into a college, university or post-secondary institution.	Attachment D
<input type="checkbox"/>	Applicant is currently enrolled in a Job Corps Program.	Attachment D
<input type="checkbox"/>	Applicant is incarcerated or institutionalized.	Attachment E
<input type="checkbox"/>	Applicant is an adjudicated youth under the direction of a prison, jail, detention center, court, parole, or probation office.	Attachment E
<input type="checkbox"/>	Applicant was home schooled.	Attachment B

E. New York State Age Eligibility Requirements for 16 year old applicants*.

In addition to meeting the “maximum compulsory school attendance age” requirement, all 16 year old applicants must meet one (1) of the three (3) eligibility criteria listed below in order to test. An applicant who meets any of these criteria must mail in the required proof of eligibility with this application to the test center. For copies of these required attachments go to : <http://www.acces.nysed.gov/ged/forms.html>

9.	Age Eligibility Criteria Description – for 16 year old applicants	Required Proof of Eligibility
<input type="checkbox"/>	Applicant is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/>	Applicant has been accepted into the United States Armed Forces.	Attachment D
<input type="checkbox"/>	Applicant has been accepted into a college, university or post-secondary institution.	Attachment D

F. New York State Age Eligibility Requirements for applicants 19 years or older.

In New York State an applicant must be 19 years of age or older by the day of testing in order to take the TASC™ Test without having to supply additional age eligibility proof to the test center.

G. Applicant Demographic Information

10.	Legal First Name* _____	Middle Initial _____	Legal Last Name* _____
11.	9-Digit Social Security Number* ____ - ____ - ____	OR	Other Government ID Number* _____
Type of Government ID Noted Above* (Check Only One)			
<input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Alien Card <input type="checkbox"/> Military ID <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> NYC Municipal ID <input type="checkbox"/> Other _____			
12.	Date of Birth* ____ / ____ / ____ mm dd yyyy	13. Age on First Day of Testing _____	14. Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
15.	Race* (Check Only One) <input type="checkbox"/> American Native <input type="checkbox"/> Alaskan Indian <input type="checkbox"/> Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one of the above categories		
16.	Ethnicity* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		

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17.	Primary Language Spoken at Home* (Select One) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese : Mandarin/Cantonese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Bengali <input type="checkbox"/> Arabic <input type="checkbox"/> Urdu <input type="checkbox"/> Amharic <input type="checkbox"/> Somali <input type="checkbox"/> Hmong <input type="checkbox"/> Other _____				
18.	Primary E-mail Address Alternate E-mail Address				
19.	Telephone Number(s) with area code* (____) ____ - ____ (____) ____ - ____ (____) ____ - ____ Land Line Number Cell Phone Number Alternate Phone Number				
20.	Mailing Address or PO Box Number*	Apt. #	City*	State*	Zip Code*
21.	County of Residence*				

H. Requested Test Location, Preferred Test Date(s), Mode, and Requested Form Type*					
22.	Preferred Test Location For a list of test centers in New York State go to www.access.nysed.gov/hse/nys_map/counties.html Test Center Name* _____ 3-Digit Test Center Code _____				
23.	Preferred Test Date(s) for the test center noted in item number 22* First-Choice ____ / ____ / ____ Second-Choice ____ / ____ / ____				
24.	Test Mode Indicate whether you wish to take the test as a Paper-Based-Test (PBT) or a Computer-Based-Test (CBT). Check the list of testing centers with test center code found at www.access.nysed.gov/hse/nys_map/counties.html to identify which testing centers offer your preferred testing mode. Check your testing mode preference below: Testing Mode Preference* <input type="checkbox"/> Computer-Based-Testing (CBT) <input type="checkbox"/> Paper-Based-Testing (PBT)				
25.	Check your Requested Form Test Type <input type="checkbox"/> English Print Form <input type="checkbox"/> Spanish Print Form		26.	If you been officially referred from an HSE test preparation program, indicate the 5 digit prep code and mail a copy of the _____ T-TAF referral form to the test center with this application: _____	

27. Identify the TASC™ subtests you wish to take.*

 Writing Reading Science Social Studies Mathematics I wish to take all 5 subtests noted
I. Testing Accommodations

28. Have you applied for TASC™ testing accommodations due to a disability?

 Yes No

If you answered "No" to item number 28, go to item #31 or item #32 depending upon your age.

If you answered "Yes" to item number 28, go to item #29.

29. Check the status of your accommodations request.

- I applied for testing accommodations, but I have not received a decision from CTB McGraw-Hill.
- I applied for testing accommodations to CTB McGraw-Hill and my request was not approved.
- I applied for testing accommodations and my request was approved by CTB McGraw-Hill.

You must enclose a copy of your testing accommodations approval letter with this application.

30. If you were approved for testing accommodations please indicate the approved form type

 English Print Spanish Print English Audio Spanish Audio English Braille Spanish Braille Large Print
J. Applicant Signature and Certification for All First Time and Returning Applicants

31. I understand that my eligibility for TASC™ testing will be determined based on the information contained in this application, and on any enclosed documentation. I certify that I do not hold a high school diploma/high school equivalency diploma recognized in the United States, and that I am not involved with any instruction of students who are preparing to take the TASC™. I certify that the information included with this application and any attachments is complete and accurate to the best of my knowledge. I further agree that if it is determined that I intentionally gave false information on my application that my TASC™ testing scores can be invalidated.

EXAMINEE SIGNATURE _____ DATE ____/____/____

K. Parent or Guardian Signature Required for First-Time and Returning Applicants under the age of 18)

32. By signing below I am verifying that the information contained in this application for my son/daughter is true to the best of my knowledge. I give permission for my son/daughter to take the TASC™ test.

PARENTAL SIGNATURE _____ DATE ____/____/____