

# Nye County School District

## High School Equivalency (HSE) Testing Process Checklist For 16 – 17 Year Olds

- Pick up the “Request to Take the HSE – Under the Age of 18” form from the Adult Education Office.
- Schedule HSE Pre Test – Adult Education Office (775) 751-6822  
Test time: \_\_\_\_\_ Date: \_\_\_\_\_
- Submit the Request to Take the HSE Under age18 form to Adult Ed Office  
484 S. West Street, Pahrump, NV 89048
- Receive Notification of School Board Approval

**Student is NOT to withdraw  
from school until AFTER the  
School Board approval  
notification has been received!**

### After School Board approval:

- Complete, and return the Adult Education Program HSE Testing Application
- Obtain signatures on Adult Education Program HSE Testing Application from:
  - Student
  - Parents
  - School Counselor
  - School Principal or Registrar
- Complete and return Testing Application and Request for Student Education Records
- Await call for appointment with counselor  
Appointment Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Review Nye County Adult Education Student Handbook
- Complete, sign, and return the HSE Test Registration Form
- Schedule HSE Test  
Time: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST TO TAKE THE  
HIGH SCHOOL EQUIVALENCY TEST (HSE)  
UNDER THE AGE OF 18**

Student Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number of Parent/Legal Guardian: \_\_\_\_\_

Detailed explanation of why student should take the HSE test: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION OF PASSING SCORES ON THE HSE PRE-TEST ARE TO BE SUBMITTED WITH  
THIS REQUEST**

Student Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Adult Education Principal Signature: \_\_\_\_\_

**After form is completed and signed by all parties, return this form to Adult Education for submission to the Superintendent and School Board for approval.**

Assistant Superintendent Signature: \_\_\_\_\_

Board Approved  Denied  Date: \_\_\_\_\_

**NYE COUNTY SCHOOL DISTRICT  
HIGH SCHOOL EQUIVALENCY (HSE) TESTING APPLICATION  
FOR 16-17 YEAR OLD NON-GRADUATES**

**This form must be completed in its entirety at the time of withdrawal from a K-12 program of instruction and prior to enrolling in an adult education program or taking the High School Equivalency Tests.**

**16 AND 17 YEAR OLDS MUST ALSO HAVE SCHOOL BOARD APPROVAL.**

Applicant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Student Number \_\_\_\_\_

The above named applicant has been counseled by school personnel and understands and accepts the consequences and educational choices with the decision to withdraw from a K-12 program of instruction.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by school personnel at the time the applicant aged 16-17 withdraws from the K-12 educational system.**

**Verification of K-12 Withdrawal**

School District: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_

Total Credits Earned: \_\_\_\_\_

Homeschooled:      YES    NO

Date of Exemption: \_\_\_\_\_

**The following signatures acknowledge:**

1. That counseling has been provided to the applicant explaining the consequences of the applicant's education choices.
2. Verification of the applicant's withdrawal from a K-12 program of instruction.

School Counselor: (print name) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**AND**

School Principal, Student Services Representative, or Designee: (print name) \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As the applicant's parent/guardian, I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in an adult education program of instruction.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The 16-17 non-graduated applicant, seeking admission to the NCSD Adult Education/HSE Program must bring this completed withdrawal/permission document along with a picture ID.

As a High School Equivalency Testing Applicant, I understand and accept the consequences associated with my decision to withdraw from a K-12 program of instruction including:

1. Once I take any one of the sections of the HSE Test, I cannot return to a K-12 program of instruction.
2. If I pass the High School Equivalency Test, I may only earn credit towards an Adult Education Secondary Diploma after I turn 18. These credits will not be transferred to a Standard High School Diploma and will only be applied to the Adult Diploma after I turn 18.
3. I may enroll in an Adult Education Program to only take non-credit bearing classes to help me pass the HSE.
4. I understand that credits CANNOT be earned towards an Adult High School Diploma when I am under age 18.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Verification of School Board Approval for applicants 16 and 17 years of age

Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



School: Pathways Adult Education  
 Principal: Karen Hills  
 School Secretary: Lynn Light  
 School Phone: (775) 751-6822  
 School Fax: (775) 751-6829  
 School Address: 484 S. West Street - Modular A  
 Pahrump, NV 89048

## Request for Student Education Records

TO:

Previous School District:

Previous School Attended:

Fax:

Phone:

Address:

RE:

_____	_____
Student's Name	Grade
_____	_____
Date of Birth	Date of Request

Nye County School District has enrolled the following student. In compliance with the Family Education Rights Privacy Act of 1974, Public Law 93-380, please accept this document as formal approval for the release of all student education records. FEDERAL LAW 99.31 – No parent signature is required for educational records to be sent to another educational agency

**We are requesting any and all of the following records:**

- Academic, include Official Transcripts and explanation of your grading system
- Nevada HSPE Test Scores
- GED Test Results
- NCSD Only: Transfer student to Adult Education in PowerSchool

**\*\*Please mail, fax, information to the above address\*\***  
**Include this form with response**

**Thank you for your prompt response**

<b>1<sup>st</sup> Request</b>	
<b>2<sup>nd</sup> Request</b>	
<b>3<sup>rd</sup> Request</b>	

**NYE COUNTY SCHOOL DISTRICT  
HIGH SCHOOL EQUIVALENCY (HSE) TEST REGISTRATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender:  Male  Female

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Year You Attended School \_\_\_\_\_

Ethnicity :  Hispanic  American Indian  Black  White

Alaska Native  Asian  Pacific Islander

PLEASE READ THE FOLLOWING CONDITIONS FOR TESTING. APPLICANT MUST **INITIAL** EACH ONE AND **SIGN BELOW..**

- \_\_\_\_\_ I have not graduated from an accredited high school, nor am I currently enrolled in High School.
- \_\_\_\_\_ I have not received a high school equivalency certificate/diploma from any state, province, or territory.
- \_\_\_\_\_ I have not previously earned HSE scores sufficient to qualify for a high school equivalency certification/diploma
- \_\_\_\_\_ I understand that regulations prohibit taking of any of the HSE tests more than three times during any calendar year.
- \_\_\_\_\_ I affirm that I meet **all** the eligibility requirements and that the above statements are true to the best of my knowledge.
- \_\_\_\_\_ I understand that I am responsible for scheduling my test date.
- \_\_\_\_\_ I understand that a testing session may be cancelled for lack of sufficient number of participants.
- \_\_\_\_\_ I understand that if I am absent or late for my scheduled HSE test, I must reschedule to test.
- \_\_\_\_\_ I understand that after I take the initial test of all 5 sub tests, I will have only 2 more attempts at sections I did not pass.
- \_\_\_\_\_ I understand that if my scores qualify to receive a Nevada High School Equivalency Certificate, I may not retest.
- \_\_\_\_\_ I understand that my scores from a passing score on the HSE could earn me credit towards an Adult High School Diploma. I also understand that these credits cannot be applied unless I am over the age of 18.
- \_\_\_\_\_ I understand that if any information on this form is found to be incorrect, any score I earn will be cancelled.

**Testing Fees are NON-REFUNDABLE**  
**Test fee is \$65. NO PERSONAL CHECKS**  
**You MUST bring your receipt with you to each testing session!**

**INFORMATION RELEASE**

I give my permission for Nye County Adult Education to release testing information and scores to educational institutions, employer verifications, military institutions, technical colleges, and any other entities that may make a request, without further written permission.

Signature \_\_\_\_\_