

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

APPLICATION FOR TASC TESTING (2016)

(Must be Completed Each Time You Apply to Test)

FILL IN A RESPONSE TO EACH ITEM AND SIGN THE APPLICATION IN INK.

DO NOT SEND COMPLETED APPLICATION TO THE NYSED HSE OFFICE.

Send this application to the local test center where you wish to test.
 You can find a local test center on our website: <http://www.acces.nysed.gov/hse/hse-testing-maps>

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

*Applicant Last Name	*Applicant First Name	Middle Initial
A. High School Equivalency Testing History*		
1.	Have you ever taken a TASC test (2014-present) in another State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever taken the TASC test (2014-present) in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever taken the GED® Test (2002-2013) in New York State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 test/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.	<p>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:</p> <p><input type="checkbox"/> NYS Driver's License <input type="checkbox"/> NYS Non-Driver's ID <input type="checkbox"/> Automobile Registration <input type="checkbox"/> Copies of NYS Tax Return</p> <p><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</p> <p><input type="checkbox"/> Selective Service Card <input type="checkbox"/> Homeowner or Renter's Insurance Policy <input type="checkbox"/> Telephone Bill/Utility Bill/Cable Bill</p> <p><input type="checkbox"/> NYS Juror Card <input type="checkbox"/> NYC Municipal ID <input type="checkbox"/> Other</p>

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.

 Yes

 No
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*
<p>Type of Government ID Noted Above* (Check Only One) <input type="checkbox"/></p> <p>Passport <input type="checkbox"/> Driver’s License <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Alien Card <input type="checkbox"/> Military ID</p> <p><input type="checkbox"/> Non-Driver’s License <input type="checkbox"/> NYC Municipal ID <input type="checkbox"/> Other</p>			
12.	Date of Birth* / /	13.	Gender*
mm dd yyyy		<input type="checkbox"/> Male <input type="checkbox"/> Female	
14.	<p>Race* (Check Only One)</p> <p><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one of the above categories</p>		
15.	<p>Ethnicity* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino</p>		

I. Testing Accommodations

27. **Have you applied for TASC testing accommodations due to a disability?** Yes No

If you answered "No" to item number 27, go to item #30 or item #31 depending upon your age.

If you answered "Yes" to item number 27, go to item #28.

28. **Check the status of your accommodations request.**

I applied for testing accommodations, but I have not received a decision from DRC|CTB.

I applied for testing accommodations to DRC|CTB and my request was not approved.

I applied for testing accommodations and my request was approved by DRC|CTB.

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

29. **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

30 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 test. 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 all First-Time and Returning Applicants under the age of 18)

31. 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.

PARENT OR GUARDIAN SIGNATURE _____ DATE ____/____/____