

Elko County School District



Superintendent's Office
 Telephone: (775) 738-5196 • Fax: (775) 738-5857
 P.O. Box 1012 • Elko, Nevada 89803

PERMISSION TO PREPARE FOR THE HISET EXAMINATION

To take this test the student **must** have a **State ID**.

Students who are **16** or **17** years of age may register to take the HSE exam after receiving written permission signed by a parent or legal guardian, written permission from the local school board of trustees, verification of withdrawal from school, and meet all criteria as listed in NRS 385.448, NAC 385.404 and NAC 387.190. (AHS Handbook P. 7)

Current Nevada state-approved tests of High School Equivalency are the GED® (GED Testing Service), HiSET® (ETS) and TASC™ (CTB/McGraw-Hill). The High School Equivalency tests are designed to provide an opportunity for non-high school graduates to earn a Certificate of High School Equivalency. HSE testing is administered by Great Basin College. Contact the GBC Academic Success Testing Center for more information at (775) 753-2149.

16-17-year-old students may attend the adult education program for the purposes of HSE preparation only. Students **cannot** earn credit toward a high school diploma in adult education. Students cannot earn credit for an adult diploma until they are 18- years of age.

1. WRITTEN PERMISSION FROM PARENT OR LEGAL GUARDIAN

Student Name:		School		
Address:		City		Zip
Telephone:				

As the parent or legal guardian of (student's name): _____ a (age) _____ - year old student at (school) _____ I give (students name) _____

Permission to: **(Check all that you are requesting)**

- Withdraw from school to take the high school equivalency exam.
- Enroll in the adult education program for the purpose of HSE preparation.

By signing this form, we the student and parents agree and understand that once this request has been submitted to the Board of Trustees and approved, the student listed will not be able to return to the Elko County School District High Schools.

MOTHER'S SIGNATURE		Date	
FATHER'S SIGNATURE		Date	
STUDENT'S SIGNATURE		Date	

2. WRITTEN PERMISSION FROM ECSD Board of Trustees

	Permission Granted		Permission Denied
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Board of Trustees Signature		Date	
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3. VERIFICATION OF WITHDRAWAL

Student Name:		School	
Date of Withdrawal:			

Administrator Signature		Date	
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