

## Request for Admission to Test Age Waiver for High School Equivalency Diploma

TO BE COMPLETED BY APPLICANT		
Testing Candidate Name (First Middle Last)	Social Security Number	Birth Date
Home Street Address		Phone
City	State	Zip
Last School Attended (School Name, City & State)		
Signature of Testing Candidate and Date Signed	Parent/Guardian Name (if applicable)	
I grant permission for my HSED testing data to be released to the school district for statistical purposes.	Signature of Parent/Guardian (if applicable) and Date Signed	
INSTRUCTIONS		
Applicants 16 years and 9 months to 18 years of age applying for admission to test may do so by contacting their home school district; they will be referred to the designated employee(s) for that district. The designated employee(s) must determine if the applicant is not enrolled. (This includes participating in any extracurricular activities associated with the district.)		
TO BE COMPLETED BY DESIGNATED EMPLOYEE(S)		
<b>APPLICATION APPROVAL (must check one box)</b> <input type="checkbox"/> <b>APPLICATION APPROVED.</b> As the designated employee, I certify that the applicant is not enrolled with the school district. <input type="checkbox"/> <b>APPLICATION DISAPPROVED.</b> Comments:		
Signature of Designated Employee(s)		
Printed Name	Date	
School / School District Name		

**Submit the completed application form to the community college where HSED testing will take place.**

## **Instructions for Completing the Request for Admission to Test**

**Instructions are provided below. DO NOT ALTER THE FORM IN ANY WAY OR IT WILL BE REJECTED. Completed forms may be returned to the local community college Adult Education and Literacy program.**

### **Instructions for Completing the Request for Admission to Test**

1. Please type or print legibly. This will help eliminate misspellings and the need to resubmit the application.
2. Complete ALL items.
3. If the applicant is under the age of 18, a parent or guardian must acknowledge the information provided by also signing and dating the form.
4. The responsible designated employee must sign and date the form and clearly indicate whether the applicant is approved or disapproved.

## **CHAPTER 32**

### **ADULT EDUCATION AND LITERACY PROGRAMS**

[Prior to 9/7/88, see Public Instruction Department [670] Ch 34]

[Prior to 8/23/23, see Education Department [281] Ch 23]

**877—32.5(260C) Student eligibility.** A person seeking to enroll in an adult education and literacy program shall be at least 16 years of age and not enrolled or required to be enrolled in a secondary school under Iowa Code section 299.1A and shall meet one of the following eligibility requirements:

1. Lacks sufficient mastery of basic educational skills to enable the person to function effectively in society, demonstrated by a score of Adult Secondary Education (Low) or lower in at least one modality;
2. Does not have a secondary school diploma or a recognized equivalent; or
3. Is unable to speak, read, or write the English language.

[ARC 1775C, IAB 12/10/14, effective 1/14/15; Editorial change: IAC Supplement 8/23/23]

These rules are intended to implement Iowa Code chapter 260C.

[Filed 3/27/81, Notice 2/4/81—published 4/15/81, effective 5/20/81]

[Filed 8/19/88, Notice 6/29/88—published 9/7/88, effective 10/12/88]

[Filed 1/14/94, Notice 10/27/93—published 2/2/94, effective 3/9/94]

[Filed ARC 8645B (Notice ARC 8389B, IAB 12/16/09), IAB 4/7/10, effective 5/12/10]

[Filed ARC 1775C (Notice ARC 1672C, IAB 10/15/14), IAB 12/10/14, effective 1/14/15]

[Filed ARC 6724C (Notice ARC 6584C, IAB 10/5/22), IAB 12/14/22, effective 1/18/23]

[Editorial change: IAC Supplement 8/23/23]

Verification of non-enrolled status is satisfied with the submission by the responsible designated employee from the last school district that the testing candidate attended on this form.