

CERTIFICATE OF CONSENT TO PARTICIPATE FORM

High School Equivalency (HSE®) Testing

State of New Jersey

NEW JERSEY DEPARTMENT OF EDUCATION
BUREAU OF ADULT EDUCATION AND FAMILY LITERACY/HSE
P.O. Box 500
Trenton, New Jersey 08625-0500

Phil Murphy
Governor

Dr. Lamont Repollet
Commissioner



This form must be completed by any 16 and/or 17 year old individual who is currently not enrolled in a public/private high school and interested in taking the Tests of High School Equivalency (HSE®). This form must be signed by a parent/guardian and presented to the HSE Chief Examiner when registering for the HSE Tests.

PART A: ► TO BE COMPLETED BY APPLICANT

HSE Test Center: _____

_____ Last Name _____ First Name _____ M.I. _____ Social Security Number _____
_____ Address _____ City _____ State _____ Zip Code _____
Telephone: () _____ Date of Birth: _____ Age: _____
Month Day Year

I certify the following: I am at least 16 years of age. I am not currently enrolled in school. I have not graduated from an accredited high school in the United States or Canada. I have not previously earned a HSE Certificate/Diploma or earned HSE scores sufficient to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable).

I certify that I am eligible to take the HSE Tests and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the HSE Tests. In addition, the New Jersey State Department of Education reserves the right to invalidate the HSE Test scores if information is misrepresented.

Applicant's Signature: _____ Date: _____

Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN

I certify the following: The individual named above has my legal consent to waive his/her right to attend a local school. I have officially withdrawn this individual from the school of residence, day school or educational program. I further consent to his/her participation in taking the HSE Tests. I understand that the New Jersey State Department of Education reserves the right to invalidate the HSE Test scores if information submitted on this form is misrepresented.

Parent/ Legal Guardian's Signature: _____ Date: _____

Print Name: _____ Address: _____

Daytime Phone: _____ Evening Phone Number: _____

For any questions, contact the New Jersey Department of Education,
Bureau of Adult Education and Family Literacy/HSE at 609-777-1050.