

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>

| 8. | 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 |
| <input type="checkbox"/> | Applicant was home schooled. | Attachment B |

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* |
| Type of Government ID Noted Above* (Check Only One) | | | |
| <input type="checkbox"/> Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Alien Card <input type="checkbox"/> Military ID <input type="checkbox"/> Non-Driver's License <input type="checkbox"/> NYC Municipal ID <input type="checkbox"/> Other | | | |
| 12. | Date of Birth* / / | 13. | Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female |
| 14. | Race* (Check Only One) | | |
| <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White | | | |
| 15. | Ethnicity* <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | | |
| 16. | Primary Language Spoken at Home* (Select One) | | |
| <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Chinese : Mandarin/Cantonese <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Russian <input type="checkbox"/> Portuguese <input type="checkbox"/> Polish <input type="checkbox"/> Bengali <input type="checkbox"/> Arabic <input type="checkbox"/> Urdu <input type="checkbox"/> Amharic <input type="checkbox"/> Somali <input type="checkbox"/> Hmong | | | |
| 17. | Primary E-mail Address | | |
| | Alternate E-mail Address | | |
| 18. | Telephone Number(s) with Area Code* | | |
| | () - Land Line Number | () - Cell Phone Number | () - Alternate Phone Number |
| 19. | Mailing Address or PO Box Number* | Apt. # | City* State* Zip Code* |
| 20. | County of Residence | | |
| 21. | Preferred Test Location | | |
| For a list of test centers in New York State go to www.access.nysed.gov/hse/nys_map/counties.html | | | |
| | Test Center Name* | 3-Digit Test Center Code | |
| 22. | Preferred Test Date(s) for the test center noted in item number 22* | | |
| | First-Choice / / | Second-Choice / / | |
| 23. | Test Mode | | |
| Indicate whether you wish to take the test as a Paper-Based-Test (PBT) or a Computer-Based-Test (CBT). Check the list of testing centers with test center code found at www.access.nysed.gov/hse/nys_map/counties.html to identify which testing centers offer your preferred testing mode. Check your testing mode preference below: | | | |
| Testing Mode Preference* <input type="checkbox"/> Computer-Based Testing (CBT) <input type="checkbox"/> Paper-Based Testing (PBT) | | | |

H. Requested Test Location, Preferred Test Date(s), Mode, and Requested Form Type*

| | | | |
|--|---|-----|--|
| 24. | Check Your Requested Form Test Type | 25. | If you have been officially referred from an HSE test preparation program, indicate the 5 digit prep code and mail a copy of the T-TAF referral form to the test center with this application: |
| | <input type="checkbox"/> English Print Form <input type="checkbox"/> Spanish Print Form | | |
| 26. | Identify the TASC™ subtests you wish to take.* | | |
| <input type="checkbox"/> Writing <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Mathematics <input type="checkbox"/> I wish to take all 5 subtests noted above | | | |

J. 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 CTB McGraw-Hill.
 I applied for testing accommodations to CTB McGraw-Hill and my request was not approved.
 I applied for testing accommodations and my request was approved by CTB McGraw-Hill.
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

K. 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™. 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“. I further authorize DRC/CTB to score each subtest and share the results and my testing information with the New York State Education Department, the test center where I tested and the preparation program that I attended.
- EXAMINEE SIGNATURE _____ DATE ____/____/____

L. 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 or daughter to take the TASC™ test, DRC/CTB to score each subtest, and to share the results with the New York State Education Department, the test center where my guardian/son/daughter tested and the preparation program that he/she attended.
- PARENT OR GUARDIAN SIGNATURE _____ DATE ____/____/____