Montana Office of Public Instruction
High School Equivalency (HSE) 16 Year Old Waiver Application
for In-Person or Online Proctored HSE Testing

APPLICANT SECTION (*to be completed by the candidate*)

Last Name: _____

First Name: _____

Middle Initial: _____

Birth Date: _____

Mailing Address: _____

City: _____

State/Zip: _____

Phone: _____

Email: _____

GED/HiSET ID #:

_____

Sex: ☐ Male ☐ Female

Last School Attended: _____

Last Date Attended: _____

Highest Grade Completed: _____

Checkbox for section, below (choose only one):

☐ Testing at a GED Test Center

Location: _____

☐ Testing at a HiSET Test Center

Location: _____

☐ Testing via Online Proctor GED

(Online GED Tests are recorded)

Signature: _____ Date: _____

SCHOOL SECTION (*to be completed by Chief Education Officer*)

☐ The applicant has withdrawn from public, private, or home school in Montana. Date of dropped enrollment: _____. Attach an original, official school withdrawal letter on letterhead that clearly identifies the candidate by name, date of birth, provide the last school enrollment date and signed by the chief education officer (Principal, Vice Principal, HS Counselor, Home School Parent, or County Supt.) verifying the candidate has been advised of in-school and alternative education options.

☐ Candidates with no previous high school enrollment are required to provide documentation from a chief education officer or the county superintendent of the county in which the candidate currently resides, documenting the candidate has not enrolled in school and has been advised of in-school and alternative education options.

I certify the applicant and his/her parent, legal guardian, or advocate have been advised of available in-school and alternative education options and the pursuit of a HSE is considered in this applicant's best educational interest.

School Name: _____City: _____ State: _____ Email: _____

Printed Name of Chief Education Officer: _____Title: _____

_____ _____

Signature of Principal, Vice Principal, HS Counselor, Home School Parent, or County Supt. Date

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PARENT/LEGAL GUARDIAN/ADVOCATE SECTION (*must be notarized*)

I hereby authorize by my signature permission for _____ to pursue a high school equivalency credential through the HSE Testing Program.

_____ _____ _____
Parent/Legal Guardian/Advocate* Name (print) Daytime Phone Number Email Address

_____ _____ _____
Mailing Address City State/Zip Code

_____ _____
Parent/Legal Guardian/Advocate* Signature Date

Relationship to Applicant (check one): Parent Legal Guardian Advocate*(title _____)

*Advocate: a responsible adult with knowledge of the applicant's substantial and warranted reasons for leaving a regular school program. Advocate's signature in lieu of parent/legal guardian signature when applicant does not live with parent/legal guardian.

To Be Completed by a Notary Public:

Subscribed and sworn to me this_____ day of _____, 20 _____

Signature of Notary Public: _____

My commission expires: _____, 20 _____

Notary Stamp:

Checklist for completing the 16 Year Old Waiver Application
All letters must be on official letterhead and include verifiable contact information.

☐ 16 Year Old Waiver Application - Administrative Rules of Montana (ARM) 10.66.113:
A completed, signed, and notarized 16-year old age waiver application form with inked signatures providing school status as required under ARM 10.66.112 and notarized permission from the candidate's parent or legal guardian demonstrating consensus of applicant, chief education officer, and applicant's parent/legal guardian that HSE testing is considered in the best educational interest of the applicant.

☐ Letter Verifying High School Withdrawal:
An original letter on official letterhead with signature from a chief education officer (Principal, Vice Principal, HS Counselor, Home School Parent, or County Superintendent) that clearly identifies the candidate by name, date of birth, and provides the last school enrollment date and verifying the candidate has been advised of in-school and alternative education options.

☐ Letter of Academic Preparedness*:
An original letter on official letterhead with signature from an Adult Education Director or Literacy Program Director stating the candidate has successfully completed HSE preparation classes or has attained pretest scores indicating a likelihood that the candidate will pass the official HSE test; and documentation from the same source certifying the applicant obtained pre-test scores in at least one academic area substantiating preparedness for the official HSE Test Battery. **16 Year Old High School Equivalency Testing Recommendation TEMPLATE available for use in lieu of letter of academic preparedness.*

☐ Letter from Postsecondary, Training, or Employer:
An original letter on official letterhead with signature from an employer, continuing education, or training program indicating that acceptance of the candidate is based upon successful completion of HSE testing.

☐ Montana Identification:
A copy of the candidate's current state issued photo ID documenting Montana residency.

Send the entire completed application packet to:

High School Equivalency Program
Montana Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

The Office of Public Instruction (OPI) will notify the candidate via email when the application is approved. If more information is needed, the OPI will contact the candidate.

Questions? Call the HSE Helpline at 406-444-4151 or email OPIHSE@mt.gov.

Helpful links:
Administrative Rules
Home School Withdrawal Letter Template to HSE Test