

INDIVIDUAL STUDENT ALTERNATIVE EDUCATION PLAN
I.S.A.E.P. Registration Form

Date: _____

Name: _____
 LAST FIRST MI

Home School: _____

Male _____ Female _____

Grade: _____ Age: _____ Birthdate: _____

Home Telephone Number: _____
 Area Code Number

Parent/Guardian: _____

Home Address: _____

_____ Zip code

Who do you live with: _____

I/we _____ have been given an overview of the ISAEP program and agree to have _____ participate in the Academic and Vocational evaluation to see if he/she qualifies to enter the ISAEP program. We understand that a second meeting will be necessary to discuss the results of the testing.

Signed: _____ Date: _____

Parent/Guardian
Virginia Department of Education
Office of Vocational and Adult Education Services
P. O. Box 2120
Richmond, Virginia 23218-2120

Disclosure of Program Components Form

We have read the attached plan and agree with the program components:

Name of Student: _____

Date: _____

Members Present:

_____ **Principal or Designee**

_____ **Student**

_____ **Parent/Guardian**

_____ **Parent/Guardian**

_____ **Special Education**

_____ **Guidance Counselor**

_____ **Other**

PARENTAL CONSENT FORM

I/WE _____ understand the components of the Individual Students Alternative Education Plan and agree that this program is in the best educational interest of the student.

- Failure to comply with all parts of the **ISAEP** is a violation of the compulsory attendance law and criminal action may be taken
- All parties involved will be regularly informed of the student's progress
- Parents will be involved in any changes to the plan

- My child can re-enroll in the regular school program at any time
GED/ISAEP CLASS REQUIREMENTS

AT LEAST 16 YEARS OF AGE

READING SCORE OF AT LEAST 7.5

GED

Practice test scores in each of the five test areas of at least 410

Photocopy of birth certificate, government issued picture ID, and social security card

Bring notebook, paper, pencils and pens to class every day

Compulsory attendance laws apply, schedule appointments on days that students are not scheduled to be in school. Return to school with proper excuses.

GED TESTING REQUIREMENTS

Practice test scores in each of the five test areas of at least 450

Career scope and employability skills work completed

Minimum of 10 hours per week of a verifiable work based job or enrollment in a Technical Center shop

Monthly progress reports will be obtained from either area

A money order is required for \$45.00 for first GED test. Money order for \$7.00 for each retest subject that is taken

Student Signature _____

Parent/Guardian Signature _____