INDIVIDUAL STUDENT ALTERNATIVE EDUCATION PLAN
ISAEP REGISTRATION FORM

Date: ______________

Name: ________________________________________________
   Last            First               MI

Home School: ________________________________

Male _______ Female _______

Grade: _______ Age: _______ Birthdate: ________________

Home Telephone Number: ____________________________ Cell Number: __________________

Parent / Guardian: ___________________________________

Parent / guardian: ________________________________

Home Address; ______________________________________
   _______________________________________________

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 Career and

Technical Education 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: ________________
Disclosure of Program Components Form

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

Name of Student: __________________________________

Date: ____________________

Signatures of members Present:

__________________________________  Principal or Designee

__________________________________  Student

__________________________________  Parent / Guardian

__________________________________  Parent / Guardian

__________________________________  Special Education Teacher

__________________________________  Guidance Counselor

__________________________________  GED Instructor

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 and high comprehension

General Education Diploma

- Pre test scores in each of the five test areas of at least 440
- Photocopy of birth certificate, government issued picture ID, and social security card
- Bring notebook, paper, pencils and pens to class daily.
- Compulsory attendance laws apply, schedule appointments on days that students are not scheduled to be in school. Return to school with proper excuses.

General Education Diploma Testing Requirements

- GED ready test scores in each of the four test areas of at least 150
- 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 program.
- Monthly progress reports will be obtained from either area.
- Each part of the 2014 GED test costs $30. There are four parts. Payments must be made by a credit or debit card or cash at the registration time.

Student Signature: ________________________________

Parent / Guardian Signature: ________________________________