

LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF ADULT AND CAREER EDUCATION

GUIDELINE NO. 005.00
October 11, 2019

SUBJECT: COLLECTION OF FEES FOR HIGH SCHOOL EQUIVALENCY TEST
ADMINISTRATION

- I. Background
- II. Test Fees
- III. Out-of-Center Testing
- IV. In-Center Testing
- V. Requesting for Refunds

This guideline was formerly Guideline 106. This revision replaces Guideline No. 106 issued on August 15, 2018. The content has been updated to provide information regarding the High School Equivalency Testing program, the collection and forwarding of approved fees and clarification regarding refunds.

I. BACKGROUND

The CA Department of Education accepts three distinct tests to certify high school equivalency, the **High School Equivalency Test (HiSET)**, the **Test Assessing Secondary Completion (TASC)**, and the **General Education Development Test (GED)**. Passage of any of these tests results in a High School Equivalency Certificate issued by the California Department of Education. Currently the Division of Adult and Career Education utilizes the HiSET which is administered by the HSE Test Center program at two main test centers (in-center testing) and at adult school sites (out-of-center testing) throughout the district.

II. TEST FEES

Effective September 1, 2019, approved fees for the HSE tests are as follows:

	Paper-Based	Computer-Based
HiSET Full Battery	\$185	\$150
HiSET Subtest	\$35	\$30
HiSET No Show/Late	\$35	\$30

III. OUT-OF-CENTER TESTING

Adult schools have been assigned as testing sites and will be responsible for collecting fees prior to test administration. Clients referred from neighboring adult schools or centers will be required to pay fees at the school or center designated as the testing site. The examinee/client is to be informed of the NO REFUND policy prior to paying for the test. Each school must use the High School Equivalency Test Admittance Ticket (Attachment D) to record payment for each examinee. This form serves as both the

receipt and Test Admittance Ticket and must be shown to the proctor at each test session. An NCR version of the form will be sent to the schools in both English and Spanish. Clients will keep the original. The duplicates will be given to the test administrator/proctor, financial manager, and counseling office.

The fees collected are deposited into the school's special HSE-testing trust account. From that account, a check is made payable to the Los Angeles Unified School District and is to be forwarded to the Adult Fiscal Service Section, using the transmittal sheet (Attachment A) and reconciliation form (Attachment B), the second week of the following month. **All fees collected should be forwarded whether the examinee tested or not.**

Immediately after testing, the test site's financial manager completes and emails the Chief Examiner the following documents: **transmittal sheet** (Attachment A), **reconciliation form** (Attachment B), **itemized collection log** (Attachment C), and a **copy of the check**. If email is not provided send hard copy to the HSE Center, Abram Friedman Occupational Center Room 503.

Refunds will not be issued. Clients may reschedule at any LAUSD adult school or at the main HSE Test Center located at AFOC. The \$30 No-Show/Late policy fee will be collected by the site where the new test appointment will be scheduled. The \$30 fee will only be collected if the client fails to notify the test administration staff (i.e., APACS or designated counseling/office staff) a minimum of 3 business days prior to the test appointment. Clients must have the original Test Admittance Ticket (Attachment D) to reschedule. APACS or designated counseling/office staff will need to verify information in the HiSET portal. All testing appointments are based on availability and on a first-come/first-serve basis.

IV. IN-CENTER TESTING

The main HSE Test Center is located at the Abram Friedman Occupational Center in Room 503.

All clients must come to the HSE Test Center to register prior to the test day. Fees will be collected by the student store. The HSE Test Admittance Ticket (Attachment D) will be used to record collection of fees.

The Bookstore at AFOC will hold fees in a HSE-testing trust account and will submit the fees monthly to the Adult Fiscal Service Section using transmittal sheet (Attachment A) and reconciliation form (Attachment B) showing the breakdown of fees collected as well as a copy of the check remitted. The financial manager completes and sends the chief examiner the following documents: transmittal sheet (Attachment A), reconciliation form (Attachment B), itemized collection form (Attachment C), and a copy of the check.

V. REQUEST FOR REFUNDS

Once a client has scheduled an exam, there is NO REFUND as mentioned in Section II. Clients may reschedule their test appointment at a LAUSD adult school site or at the main HSE Test Center located at AFOC. Clients must have the original HSE Test Admittance Ticket (receipt) in order to reschedule a test appointment. No Show/Late fees will be collected.

ATTACHMENT A: *Transmittal Sheet*

ATTACHMENT B: *Reconciliation Form*

ATTACHMENT C: *Itemized Collection Log*

ATTACHMENT D – NCR FORM: *HSE Test Admittance Ticket*

For assistance, contact Julie Ly, Assistant Budget Director, at (213) 241-3710 or by email at julie.ly@lausd.net or Marlo Clark, High School Equivalency Chief Examiner, at (213) 765-2573 or by email at mmc8297@lausd.net.

APPROVED: Joseph Stark, Executive Director

DISTRIBUTION: All Schools and Offices, Division of Adult and Career Education

INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District

ATTACHMENT A

To : Cash Receipts Unit
Revenue Accounting Branch

Date : _____

From : _____

Cost Center : _____
(your 7-digit Location Code)

Tel # : _____

Fax # : _____

Subject : Request to Deposit Checks - for Fiscal Year _____

Please use the following accounting lines to process the check(s) enclosed:

ADULT / ROC / ROP / SKILLS CENTER

TYPE OF REMITTANCE	Fund		Functional Area			GL Account	Cost Center	Check Amount
	Fund	Resource	Goal	Function	Program			
CTE Course Fee (School)	1 1 0	0000	0000	0000	14323	867101	9999999	
CTE Registration Fee (DACE)	1 1 0	0000	0000	0000	14324	867101	9999999	
HISET Testing Fee	1 1 0	0000	0000	0000	14379	867103	9999999	
Filming Rental - Adult Ed	1 1 0	0000	0000	0000	14002	865002	9999999	
Miscellaneous Fee (DACE)	1 1 0	0000	0000	0000	14324	867101	9999999	
Total								0.00

Approved by : _____

Principal

- Note :**
- Please issue check payable to **LOS ANGELES UNIFIED SCHOOL DISTRICT**
 - **Do not use** this form for **Donation Checks** (please use **Attachment A, Bulletin No. C-66**).
 - Please mail or fax a copy of this form to: Adult Ed Fiscal Services, Beaudry Building 18th Floor

LOS ANGELES UNIFIED SCHOOL DISTRICT
 Division of Adult and Career Education

High School Equivalency Test Center

RECONCILIATION FORM

Month/Year _____

Name of School: _____

Check Number: _____

Today's Date: _____

Check Amount: \$ _____ -

Full Battery first timer	Fee	Quantity	Merit Quantity	Total Fee	Total Merit Fee
Computer Based Testing	\$150.00			\$ -	\$ -
Paper Based Testing	\$185.00			\$ -	\$ -
Number of examinees retesting					
Computer Based Testing	\$30.00			\$ -	\$ -
Paper Based Testing	\$35.00			\$ -	\$ -
Number of examinees No Show/Late Fees					
Computer Based Testing	\$30.00			\$ -	\$ -
Paper Based Testing	\$35.00			\$ -	\$ -
TOTALS				\$ -	\$ -

Total Merits Redeemed \$ -
 Total Check Amount \$ -

 Principal's Signature

 Date

 Financial Manager's Signature

 Date

Distributions:

Original: Adult Education Fiscal Services Section
 Beaudry Building, 18th Floor

Copy: HSE Chief Examiner (ATTACH: COPY OF CHECK, TRANSMITTAL SHEET & COLLECTION LOG)

Copy: School File

HSE ITEMIZED COLLECTION LOG

ATTACHMENT C

ACTIVITY NAME _____

DATE (Month/Year) _____

Full Computer Battery	\$	150.00
Full Paper Battery	\$	185.00
Each CBT Retest & No Show Fees	\$	30.00
Each PBT Retest & No Show Fees	\$	35.00

ACCOUNT NUMBER _____

#	PAYMENT DATE	LAST NAME	FIRST NAME	CASH AMOUNT	MERIT CERTIFICATE AMOUNT	RECEIPT #	TEND	NOTES
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
TOTALS				\$ -	\$ -			

Los Angeles Unified School District/Division of Adult and Career Education
High School Equivalency Test Center
High School Equivalency (HSE) Test Admittance Ticket

<input type="checkbox"/> CBT
<input type="checkbox"/> PBT

IMPORTANT WARNING!! Please review before paying for the high school equivalency test.
The test fee is NON-REFUNDABLE/NON-TRANSFERABLE.

RESCHEDULE POLICY: If you need to reschedule your test appointment, you must notify the test center a minimum of 3 business days prior to your scheduled test time. You may reschedule your test appointment **ONE TIME** at no charge. You must have your **ETS ID NUMBER** when rescheduling.

NO SHOW/LATE POLICY: If you arrive late or fail to report for your test appointment(s), you may reschedule however, a \$30 per section **NO SHOW/LATE/RESCHEDULING FEE** will apply.

TEST COMPLETION POLICY: Your test fee will expire one year from your original test date. If you fail to take all sections of the High School Equivalency Test within one year of your original test appointment, you will have to pay \$30 per section to complete testing.

IDENTIFICATION POLICY: You must present your valid government issued ID at time of registration **AND** at each test appointment. Failure to bring your ID will **EXCLUDE** you from testing. The \$30 rescheduling fee will apply.

I have read and understand the above policies. _____ Date _____

Signature _____

LAST NAME		FIRST NAME		Examinee Number (ETS# or TASC#)	
Street Address (include Apt#)			City	State	Zip
Phone	Date of Birth		Age	Sex	Race
Are you attending an adult school? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which one? _____ AC ² T student? <input type="checkbox"/> YES <input type="checkbox"/> NO Site _____		Are you participating in a program other than the adult school? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which one? _____		Have you taken a High School Equivalency test before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, which one(s) <input type="checkbox"/> GED 2002 Series <input type="checkbox"/> 2014 GED <input type="checkbox"/> HiSET <input type="checkbox"/> TASC What year(s)? _____	

Take this ticket to the Bookstore to pay fee. Cash or money order preferred. (Credit or Debit card may incur a small additional fee.) This form must be validated by the Bookstore.
You MUST return to the test registration office after making payment to complete registration.

TO BE COMPLETED BY STAFF ONLY

First time Tester

____ Full Battery \$150.00 *Computer* \$185.00 *Paper*

Retester

\$30.00 *Computer* \$35.00 *Paper* (per section)

____ Math ____ Writing

____ Reading ____ Science

____ Social Studies ____ sections X \$30.00/\$35.00 each

Rescheduling/No Show Fees (if applicable) \$30 per section _____

Proof of Payment will be printed here. (NON-REFUNDABLE) Bookstore Validation Check here if <input type="checkbox"/> Merit Certificate # _____ FB IT RT
--

Total Amount _____
(NON-REFUNDABLE/NON-TRANSFERABLE)

Test Site: _____

Test Appointment Date(s) _____ Arrival Time _____

Verification of test appointments are sent to your email. Please keep your receipt and check your email to confirm arrival times.

Test center/school staff is not responsible for providing copies.

Office Staff Initials _____ ASIS # _____ TOPs/Reg _____ Appt in system _____

Original- Client

Yellow-Test Center

Green- Counseling Office

Pink-Bookstore