

LOS ANGELES UNIFIED SCHOOL DISTRICT
DIVISION OF ADULT AND CAREER EDUCATION

GUIDELINE NO. 106.01
January 2, 2024

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

I. INTRODUCTION:

This guideline replaces *Guideline No. 106, Collection of Fees for High School Equivalency Test Administration, October 11, 2019.*

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.

II. BACKGROUND

The CA Department of Education accepts two distinct tests to certify high school equivalency, the **High School Equivalency Test (HiSET)**, and the **General Education Development Test (GED)**. Passage of either 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.

III. TEST FEES

Approved fees for the HSE tests are as follows:

	Paper Based Testing (PBT)	Computer-Based Testing (CBT)
HiSET Full Battery	\$185	\$150
HiSET Subtest	\$35	\$30
HiSET No Show/Late	\$35	\$30
State Fee (One Time Fee)	\$20	\$20

IV. 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. The No Carbon Required (NCR) version of the Admittance Ticket form are sent to the schools in both English and Spanish. The pink (English form) or gold (Spanish form) copy is for the financial manager's records, the clients will receive the yellow copy, and the green (English form) or pink (Spanish form) copy is for the counseling office. The original, white copy will be kept in the HSE Testing Center (test administrator/proctor will collect), and the duplicates will be given to the test taker, financial manager, and counseling office. Please note that the color of the pages within the form varies based on form language.

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.**

At the end of the month, 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-CBT/\$35-PBT No-Show/Late policy fee will be collected by the site where the new test appointment will be scheduled. The \$30-CBT/\$35-PBT 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-served basis.

V. IN-CENTER TESTING

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

Division of Adult
and Career Education

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 and/or quarterly to the Adult Fiscal Service Section using transmittal sheet (Attachment A), reconciliation form (Attachment B), and itemized log 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.

VI. REQUEST FOR REFUNDS

Once a client has scheduled an exam, the client is subject to the NO REFUND policy outlined in Section II. Clients may reschedule their test appointment at an LAUSD adult school site or at the main HSE Test Center located at AFOC. Clients must have the yellow copy of the 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 Rowena Consing, Fiscal Services Manager, at (213) 241-3710 or by email at rowena.lee@lausd.net or Marlo Clark, High School Equivalency Chief Examiner, at (213) 765-2573 or by email at mmc8297@lausd.net.

APPROVED: Renny L. Neyra, Executive Director

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

HSE ITEMIZED COLLECTION LOG

ACTIVITY NAME ELAOC - HSE Testing

DATE (Month/Year) November 2023

Sample

ACCOUNT NUMBER XXXXXX

Full Computer Battery(FB)	\$	150.00
Full Paper Battery(FB)	\$	185.00
State Fee	\$	20.00
Each CBT Retest (RT) & No Show Fees	\$	30.00
Each PBT Retest (RT) & No Show Fees	\$	35.00

PAYMENT DATE	LAST NAME	FIRST NAME	CASH AMOUNT	MERIT CERTIFICATE AMOUNT	RECEIPT #	TEND	NOTES	
1	11/12/23	Ruiz	Jose	\$ 150.00		450	Cash	FB- Nov 2023
2	11/14/23	Trejo	Antonio	\$60.00		451		RT - Dec 2023
3	11/15/23	Hernandez	Maria	\$60.00		452		RT - Nov 2023
4	11/15/23	Kang	Yingshun		\$150.00		M-2703-FB	FB- Nov 2023
5	11/16/23	Perez	Francisco		\$60.00		M-1502-RT	FB- Dec 2023
6	12/02/23	Ramirez	Claudia	\$ 50.00		453		1T/State Fee - Dec 2023
38								
		TOTALS		\$ 320.00	\$ 210.00			

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			\$ -	\$ -
State Fee					
	\$20.00			\$ -	\$ -
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
State Fee	\$	20.00
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 (include month test is scheduled)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
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30								
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32								
33								
34								
35								
36								
37								
38								
		TOTALS		\$ -	\$ -			

High School Equivalency (HSE) Test Admittance Ticket

IMPORTANT WARNING!! Please Review before paying for the high school equivalency test.

The test fee is NON-REFUNDABLE/NON-TRANSFERABLE.

CANCELSATION/RECHEDULE POLICY: If you need to reschedule or cancel your appointment, you must notify the test center a minimum of **3 business days** prior to your scheduled appointment. You must have your HISET 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/\$35** per subject will apply.

APPOINTMENT POLICY: All appointments must be scheduled at the time of payment.

IDENTIFICATION POLICY: You must present your valid government issued photo ID at the time of registration AND at each test appointment. Failure to bring your ID will EXCLUDE you from testing. The **\$30/\$35** fee will apply per subject

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

If you are under the age of 18 years Parent/Guardian signature required: _____

LAST NAME (same as I.D.)		FIRST NAME (same as I.D.)		HISET I.D. Number	
Street Address (Include Apt#)			City	State	Zip Code
Phone	Email Address:		Date of Birth	Age	Gender
What is your ethnicity? <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic: <input type="checkbox"/> I prefer not to respond.		If Hispanic, what is your Hispanic origin? <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other		Do you communicate better (or as well) in English than in any other language? <input type="checkbox"/> YES <input type="checkbox"/> NO	
What is your race? Select all that apply. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islands <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to respond		Did you use an adult education program to prepare for the HSET Test? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, in what state: _____ If Yes, what is the name of the school? _____		Are you attending an LAUSD adult school? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, which one? _____ ACFT Student? <input type="checkbox"/> YES <input type="checkbox"/> NO ACFT Site: _____	

Take this ticket to the Bookstore to pay fee. Cash or money order preferred. (Credit or Debit card – additional fees may apply). This form must be validated by the Bookstore/Student Store and return to the register.

You MUST return to the test registration office after making payment to complete registration.

TO BE COMPLETED BY STAFF ONLY

Computer Based Testing			Paper Based Testing			Proof of Payment will be printed here. (NON-REFUNDABLE) Bookstore Validation																																			
<input type="checkbox"/> \$150.00 - Full Battery Test (includes state fee) <input type="checkbox"/> \$20.00 - First Time Scheduling Fee (State Fee) <input type="checkbox"/> \$30.00 each - Single Subject			<input type="checkbox"/> \$185.00 - Full Battery Test (includes state fee) <input type="checkbox"/> \$20.00 - First Time Scheduling Fee (State Fee) <input type="checkbox"/> \$35.00 each - Single Subject				Check here if <input type="checkbox"/> Merit Certificate (Voucher) # _____ <input type="checkbox"/> FB <input type="checkbox"/> RT																																		
<table border="1"> <thead> <tr> <th>Subject</th> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Math</td><td></td><td></td></tr> <tr><td>Reading</td><td></td><td></td></tr> <tr><td>Science</td><td></td><td></td></tr> <tr><td>Social Studies</td><td></td><td></td></tr> <tr><td>Writing</td><td></td><td></td></tr> </tbody> </table>	Subject	Date	Time	Math				Reading			Science			Social Studies			Writing					<table border="1"> <thead> <tr> <th>Subject</th> <th>Date</th> <th>Time</th> </tr> </thead> <tbody> <tr><td>Math</td><td></td><td></td></tr> <tr><td>Reading</td><td></td><td></td></tr> <tr><td>Science</td><td></td><td></td></tr> <tr><td>Social Studies</td><td></td><td></td></tr> <tr><td>Writing</td><td></td><td></td></tr> </tbody> </table>	Subject	Date	Time	Math			Reading			Science			Social Studies			Writing			
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<input type="checkbox"/> Late/No Show Fees (if applicable) \$30.00 per section			<input type="checkbox"/> Late/No Show Fees (if applicable) \$35.00 per section																																						

Test site: _____

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

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 additional copies.

Office Staff Initials _____ DACESIS# _____ TOPs/Doc _____ In System _____

Original – Test Center

Yellow – Test Taker

Green- Counseling Office

Pink – Bookstore

INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District

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 2023-2024

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

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		
CTE Registration Fee (DACE)	1 1 0	0000	0000	0000	14324	867101	1107001	
HISSET Testing Fee	1 1 0	0000	0000	0000	14379	867103	1107501	
Miscellaneous Fee (DACE)	1 1 0	0000	0000	0000	14324	867101	1107001	
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 check and this form to: Adult Ed Fiscal Services, Beaudry Building 18th Floor for processing**