

# Journey Program

## 2025-2026 Application

Student Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Last four digits of SSN \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

High School \_\_\_\_\_

Does the student have an IEP? ☐ Yes\* ☐ No \*Please attach a copy of the IEP.

### 2025-2026 Initial Contract Provisions

1. Journey Program Assessment Fee (Waived upon meeting eligibility) \$30.00
2. **Twelve hours/week** academic preparation @ \$16.55/hour \$198.60/week
3. HSED per Test Fee-
  - Language Arts, Math, Social Studies, Science \$36.00
  - GED Ready Test \$5.00
  - Retest \$6.00
  - Online proctored test \$39.75
4. **Check one:**
  - ☐ **Option A:** Three hours/week Work/Activity@ \$49.65/week  
\$16.55/hour supervised by HSAP Instructor
  - ☐ **Option B:** Three hours/week Work/Activity Learning \$0.00  
Experience supervised by the High School

*We have discussed the educational options available to Journey Program participants, including the academic, attendance, and behavioral expectations of the student, the program's goals, and contract options. We agree that the high school and Moraine Park will share records.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

H.S. Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Student and parent will sign at Journey Program orientation*



Wisconsin Department of Public Instruction  
**PRELIMINARY APPLICATION for the  
HIGH SCHOOL EQUIVALENCY DIPLOMA or the  
CERTIFICATE OF GENERAL EDUCATIONAL  
DEVELOPMENT** PI-1783 (Rev. 04-22)

**INSTRUCTIONS:** Applicant and high school data  
completed by school district.

This document must be completed and submitted to the GED examiner **PRIOR** to testing.

APPLICANT DATA			
Name of Applicant		Birthdate <i>Mo./Day/Yr.</i>	Age
Address <i>Street, City, State, ZIP</i>		Telephone <i>Area/No.</i>	

HIGH SCHOOL DATA			
Last High School Attended		Address <i>Street, City, State, ZIP</i>	
Telephone <i>Area/No.</i>			
Years Applicant was Enrolled <i>From</i>	<i>To</i>	Last Grade Completed	Year Applicant's 9 <sup>th</sup> Grade Class Has/Will Graduate
Total Credits Earned	Credit Requirements <i>Per s. 118.33(1)(a), Wis. Stats.</i> <b>Civics:</b> Has successfully completed 100-question civics test? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Health:</b> Has successfully completed ½ credit in health? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month/Year Applicant Excused from Attending School Under s. 118.15 (1) (C), Wis. Stats.		Name of Principal of the High School Last Attended <i>Type or Print Legibly</i>	Telephone <i>Area/No.</i>

**I HEREBY CERTIFY** that the information contained herein concerning the above named applicant is true and correct to the best of my knowledge.

Signature of Principal or Local Designee (if applicable) *Required only for students under the age of 18.* ►

Date Signed *Mo./Day/Yr.*

APPLICANT GED/HSED REQUIREMENTS <i>To be completed by program provider.</i>	
Applicant has completed counseling sessions provided by: <i>Check one and indicate name and address of program provider.</i> <input type="checkbox"/> WTCS <input type="checkbox"/> CBO <input type="checkbox"/> College <input type="checkbox"/> Other <i>Specify</i> _____ <input type="checkbox"/> High School _____	Name and Address of Program Provider Moraine Park Technical College 235 N. National Ave Fond du Lac, WI 54935
Included in these sessions were: <i>Check all that apply.</i> <input type="checkbox"/> Reading <i>Date</i> _____ <i>Method</i> _____ <i>Staff Initials</i> _____ <input type="checkbox"/> Career Interests <i>Date</i> _____ <i>Method</i> ONET Assessment <i>Staff Initials</i> _____ <input type="checkbox"/> Aptitudes <i>Date</i> _____ <i>Method</i> ONET Assessment <i>Staff Initials</i> _____ <input type="checkbox"/> Discussion of options available regarding completion of high school, the high school equivalency diploma, the certificate of general educational development, and the requirements, benefits, expectations and limitations of each option. <b>HSED Options</b> <i>See explanation on reverse.</i> <input type="checkbox"/> Certificate of General Educational Development <input type="checkbox"/> PI 5.05 <input type="checkbox"/> PI 5.07 <input type="checkbox"/> PI 5.09 <input type="checkbox"/> High School Equivalency Diploma (HSED) <input type="checkbox"/> PI 5.06 <input type="checkbox"/> PI 5.08 <input type="checkbox"/> GED Option #2 <input type="checkbox"/> Development of a plan for completion of one of the options discussed and subsequent activities necessary to work toward an identified goal, career, or occupation. <b>Health</b> <input type="checkbox"/> Course <input type="checkbox"/> Test <input type="checkbox"/> ½ Credit <input type="checkbox"/> Employability Skills Achieved <b>Civic Literacy</b> <input type="checkbox"/> Test	

**I HEREBY CERTIFY** that the information provided is true and correct to the best of my knowledge.

Signature of Program Provider

Date Signed *Mo./Day/Yr.*

PARENT/APPLICANT SIGNATURE(S)	
<b>I/We grant permission</b> for the release of information which would verify that I have/ have not earned a GED or HSED. ►	Parent/Guardian Approval <i>If applicant is under age 18.</i> ►
Applicant Signature ►	

# **Journey Program**

## **(HSED)Credit Evaluation**

**Student's Name:** \_\_\_\_\_

**Graduation Date of Ninth Grade Class:** \_\_\_\_\_

<b>Subject Area</b>	<b>Credits Needed</b>	<b>Earned To Date</b>
English	4	
Math	2	
Science	2	
Social Studies	3	
Health	.5	
Civic Literacy test passed	Choose One:	
Financial Literacy	Choose One:	
Career Awareness	Choose One:	

**An original transcript must accompany this application.**