TODAY'S DATE:

Month Day Year

_____

# RELEASE FORM FOR 16- AND 17-YEAR-OLD STUDENTS

*Adult Education & Family Literacy Enrollment &/or High School Equivalency Testing*

LAST FIRST MIDDLE INITIAL

**NAME**

**SOCIAL SECURITY NUMBER:** **DATE OF BIRTH:** MM DD YYYY

**LAST SCHOOL ATTENDED**: SITE DISTRICT STATE

**MONTH AND YEAR APPLICANT LAST ATTENDED SCHOOL:** MONTH YEAR

**LAST GRADE COMPLETED**: BELOW $8_{TH}$ GRADE ☐ $8_{TH}$ GRADE ☐ $9_{TH}$ GRADE ☐ $10_{TH}$ GRADE ☐ $11_{TH}$ GRADE ☐

**TO BE COMPLETED BY THE PARENT AND/OR GUARDIAN:**

I hereby affirm that I am the (please check one) ☐ parent ☐ guardian of the applicant listed above, a legal resident of the

_____

District. It is in her/his best interest to attend Adult Education classes and/or to take the High School Equivalency (HSE) exam.

**PARENT OR GUARDIAN'S SIGNATURE**:

_____

**TO BE COMPLETED BY A SCHOOL ADMINISTRATOR:**

The Administration of the _____School District concurs with the preceding statement and certifies that the applicant listed above is not currently enrolled in school.

**PRINCIPAL OR SUPERINTENDENT'S SIGNATURE**:

_____

Subscribed and sworn to me this ___ day of _____, 20___

Notary Public signature: _____-

My commission expires on the ___ day of _____, 20___

**TO BE COMPLETED BY THE CHIEF EXAMINER OR ALC DIRECTOR:**

I approve the candidate listed above for Adult Education and Family Literacy classes and/or High School Equivalency testing.

Chief Examiner or ALC Director (please print): _____

**SIGNATURE:** _____

Name of HSE candidate's testing site:

_____