



South Carolina Department of Education  
Office of Career Readiness - Adult Education  
APPLICATION TO ATTEND ADULT EDUCATION



**Section I: Applicant Information**

Applicant Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Last High School Attended: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

**Reason for leaving school: (Check all that apply)**

- |                                                                |                                                                           |
|----------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Missed too many days/failing for year | <input type="checkbox"/> Expelled/Other Discipline Issues                 |
| <input type="checkbox"/> Too old for grade placement           | <input type="checkbox"/> Physical/Medical                                 |
| <input type="checkbox"/> Has already dropped out of school     | <input type="checkbox"/> 17 years old not living at home, supporting self |
| <input type="checkbox"/> Other (please explain) _____          |                                                                           |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II: Records Request** (to be completed by the registrar/guidance counselor of the last school attended)

**Does applicant have (check all that apply):**

- ☐ An IEP? ☐ A Current 504 Plan? ☐ An attendance court order? ☐ Court order of probation?

**Please attach the following documents, if applicable:**

- |                                                                     |                                               |
|---------------------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Official Transcript (REQUIRED)*            | <input type="checkbox"/> Disciplinary Record  |
| <input type="checkbox"/> WIN Work Ready Credential or score results | <input type="checkbox"/> Current IEP/504 Plan |
| <input type="checkbox"/> Court Orders (if relevant to enrollment)   |                                               |

Student's Official Date of Withdrawal: \*Pursuant to [South Carolina State Board of Education Regulation 43-273: Transfers and Withdrawals](#), please provide requested records within 10 business days of receipt of the request.

**Section III: School District Superintendent or Designee Certification for 16- & 17-Year-Old Applicants**

I have reviewed the application and certify that:

- ☐ The applicant is zoned for attendance in our school district, has been officially withdrawn, and is not enrolled in a school in this district.
- OR
- ☐ The applicant is zoned for attendance in our school district but has never been enrolled.

Superintendent/Designee Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Superintendent/ Designee Signature: \_\_\_\_\_

Refer to [South Carolina State Board of Education Regulation 43-259: Adult Education](#) for additional information regarding enrollment of individuals age 17-21 in Adult Education.

**SECTION IV: VERIFICATION OF WITHDRAWAL FROM SOUTH CAROLINA SCHOOLS FOR GED TESTING**

- ☐ Check here if the applicant is 19 or under and is applying for underage authorization for GED testing.

If checked, email this completed form to the SCDE-Office of Career Readiness - Adult Education. Email: [vow@ed.sc.gov](mailto:vow@ed.sc.gov). Applicants must register at [www.GED.com](http://www.GED.com) prior to sending this form.