

Adult Education

Beaufort County School District

Educating • Empowering • Employing

Beaufort County School District Adult Education

Dr. Juanita Murrell, Director

Juanita.Murrell @beaufort.k12.sc.us

Request for Records

Student's Full Name: _____

Current Grade: _____ Date of Birth(DOB): _____

Educational Track (Circle One): Diploma GED

The student listed above has applied for enrollment.

Name and address of former school: _____

Attention to: _____

Date enrolling in Beaufort County Adult Education: _____

Please email documents to:

adulthoodeducationreports@beaufort.k12.sc.us

or fax to 843-322-0775

Please send all information indicated below:

____ Attendance ____ Discipline Records ____ Graduation Progress Sheet
____ Transcripts (Official) ____ Withdrawal Forms ____ SPED (IEP, Speech)

____ Other Forms Attached

Completed School Counselor's Recommendation Form (Attached)

Completed School Administration Recommendation Sections of the 17-year old application (Attached)

Adult Education Admin's Official Signature

Date



Beaufort County School District
1300 King Street Post Office Drawer 309
Beaufort, South Carolina 29901

**Application for 17-year-old students to attend
Beaufort County School District Adult Education**

Student's Name: _____

Race: _____ **Sex:** _____ **Parent/Guardian Name:** _____

Phone: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Date of Birth (DOB): _____ **Age:** _____ **Current Grade:** _____

Previously or Current School Attending: _____

This application must include the following information for processing:

- 1. Student's Statement**
- 2. Parent's Statement**
- 3. School Counselor's Recommendation**
- 4. School Administration's Recommendation**
- 5. Adult Education Director's Recommendation**
- 6. Withdrawal Form Attached**
- 7. Transcript Attached**
- 8. Attendance Profile Attached**
- 9. Discipline Record Attached**

STUDENT’S STATEMENT:

1. Why do you wish to attend Adult Education classes?

Answer: _____

2. Have you been counseled this year concerning your academic status by any of the following people? (Please check all that apply)

- ☐ School Counselor
- ☐ Social Worker
- ☐ Principal/Asst. Principal

AGREEMENT: If I am allowed to attend Adult Education classes, I will abide by all rules and regulations of the program. I also understand that if I do not meet these rules and regulations, I will be dismissed from Adult Education classes.

Student’s Signature

Date

PARENT/GUARDIAN’S STATEMENT:

1. Why do you want your child to attend Adult Education classes?

Answer: _____

2. Has there been any communication between you and the school official’s concerning your’ child’s Academic status this year?
(Please check all that apply)

- ☐ School Counselor
- ☐ Social Worker
- ☐ Principal/Asst. Principal

AGREEMENT: If my child is allowed to attend Adult Education classes, I understand that he/she must abide by all rules and regulations set by Dr. Juanita Murrell (Director of Beaufort County Adult Education). I also understand that if my child does not meet these rules and regulations, he/she will be dismissed from Adult Education classes.

Parent/Guardian’s Signature

Relationship to Student

Date

SCHOOL COUNSELOR'S RECOMMENDATION

1. Have you counseled this student recently concerning his/her academic status?

(Circle One) Yes No

2. Through your counseling, has this student show career interest direction?

(Circle One) Yes No

3. What interventions have been employed through your counseling to re-focus this student toward remaining in the regular high school setting?

Answer:

4. Do you recommend this student for Adult Education? (Circle One) Yes No

Why?

School Counselor

Date

SCHOOL'S ADMINISTRATION RECOMMENDATION:

1. Credits earned ____ Credits Attempted ____

2. Did student repeat a grade? (Circle One) Yes No

3. Has this student been suspended during this school year? Why do you want your child to attend Adult Education classes? (Circle One) Yes No

Is this student with a disability? If yes, check box below.

IEP Section 504

Have other interventions been utilized to keep this student in regular high school prior to recommending this student for Adult Education? (Check all that apply)

- ☐ Credit Recovery ☐ Evening School/Alt ☐ School to Work ☐ SIT Team
☐ IEP/504 Plan ☐ Mentor ☐ Expectations ☐ Behavior Team Management

Comments:

Principal's Signature

Date

ADULT EDUCATION DIRECTOR’S COMMENTS AND RECOMMENDATION:

Director’s Signature

Date