



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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TO BE COMPLETED BY THE PARENT AND/OR GUARDIAN:						
I hereby affirm that I am the (please check one) <input type="checkbox"/> parent <input type="checkbox"/> 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: _____						