



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	
<b>NAME</b>						
<b>SOCIAL SECURITY NUMBER:</b>		<b>DATE OF BIRTH:</b>		MM	DD	YYYY
<b>LAST SCHOOL ATTENDED:</b>		SITE	DISTRICT		STATE	
<b>MONTH AND YEAR APPLICANT LAST ATTENDED SCHOOL:</b>			MONTH	YEAR		
<b>LAST GRADE COMPLETED:</b>		BELOW 8 <sup>TH</sup> GRADE	8 <sup>TH</sup> GRADE	9 <sup>TH</sup> GRADE	10 <sup>TH</sup> GRADE	11 <sup>TH</sup> GRADE
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TO BE COMPLETED BY THE PARENT AND/OR GUARDIAN:</b>						
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.						
<b>PARENT OR GUARDIAN'S SIGNATURE:</b>						
_____						
<b>TO BE COMPLETED BY A SCHOOL ADMINISTRATOR:</b>						
The Administration of the _____ School District concurs with the preceding statement and certifies that the applicant listed above is not currently enrolled in school.						
<b>PRINCIPAL OR SUPERINTENDENT'S SIGNATURE:</b>						
_____						
Subscribed and sworn to me this ___ day of _____, 20__						
Notary Public signature: _____						
My commission expires on the ___ day of _____, 20__						
<b>TO BE COMPLETED BY THE CHIEF EXAMINER OR ALC DIRECTOR:</b>						
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): _____						
<b>SIGNATURE:</b> _____						
Name of HSE candidate's testing site: _____						