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

*Adult Basic Education Enrollment and/or High School Equivalency (HSE) Testing*

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| --- | --- | --- | --- |
| **NAME:** | LAST | FIRST |  MIDDLE INITIAL |
| **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 8TH GRADE🞎 | 8TH GRADE🞎 | 9TH GRADE🞎 | 10TH GRADE🞎 | 11TH GRADE🞎 |
| **TO BE COMPLETED BY THE PARENT AND/OR GUARDIAN:**I hereby affirm that I am the (please check one) 🞎 parent 🞎 guardianof the applicant listed above, a legal resident of the District. It is in her/his best interest to attend Adult Basic 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 Basic Education classes and/or High School Equivalency testing. |
| Chief Examiner or ALC Director (please print): |   |
|  **SIGNATURE**: |   |
| Name of HSE candidate’s testing site:  |