

Today's date:
MONTH DAY YEAR

RELEASE FORM FOR 16- AND 17-YEAR-OLD STUDENTS
Adult Basic Education Enrollment and/or High School Equivalency (HSE) 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 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: _____									