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 B	IRTH:	MM	DD	YYYY
LAST SCHOOL ATTENDED: SITE	DISTRICT			STATE	
	MONTH				
MONTH AND YEAR APPLICANT LAST ATTENDED SCHOOL: MONTH YEAR					
LAST COADS COADS	BELOW 8 _{TH} GRADE	8 _{TH} GRADE	9 _{TH} GRADE	10 _{TH} GRADE	11 _{TH} GRADE
LAST GRADE COMPLETED:	П		Π		Π
		_		_	
TO BE COMPLETED BY THE PARENT AND/OR GUARDIAN:					
I hereby affirm that I am the (please check one) ☐ parent ☐ 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 theSchool District					
concurs with the preceding statement and certifies that the applicant listed above is not					
currently enrolled in school.					
PRINCIPAL OR SUPERINTENDENT'S SIGNATURE:					
Subscribe	d and sworn	to me this	_ day of		, 20
Notary Public signature:					
My comm	ission expires	s 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:					
J					