

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	
<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 Basic 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 Basic Education classes and/or High School					
Equivalency testing.					
Chief Examiner or ALC Director (please print): _____					
<b>SIGNATURE:</b> _____					
Name of HSE candidate's testing site: _____					