

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

<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE INITIAL</small>
NAME:		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH:	<small>MM DD YYYY</small>
LAST SCHOOL ATTENDED:	<small>SITE DISTRICT</small>	<small>STATE</small>
MONTH AND YEAR APPLICANT LAST ATTENDED SCHOOL:		<small>MONTH YEAR</small>
LAST GRADE COMPLETED:	<small>BELOW 8TH GRADE 8TH GRADE 9TH GRADE 10TH GRADE 11TH GRADE</small>	
	<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: _____		