

FAYETTEVILLE ADULT EDUCATION PROGRAM

SCHOOL WAIVER FOR SIXTEEN/SEVENTEEN-YEAR-OLD STUDENTS

Guardian Approval

I give my permission for the student named below to enroll in an adult education program in order to pursue an Arkansas High School Diploma through the General Educational Development (GED) program.

Student's Name: _____ SS#: _____

Current Address: _____
(Street/P.O. Box) City State Zip

Date of Birth: _____ Age: _____ Telephone #: _____

Print Guardian Name _____ Guardian Signature _____ Date: _____

SCHOOL WAIVER

_____ is allowed to enroll in the Adult Education Program. Grade Level: _____
Student's Name

School District: _____ Last Date Attended School: _____

School District Address _____
Street/P.O. Box City State Zip

_____ Date: _____
Assistant Principal

The signature below verifies that all procedures have been followed and completed.

Principal

School Seal

Personal contact made with
student on _____

Test Scores (Scores from only one test are required)

- TABE Locator Form _____ Reading _____ Math _____ Language _____
- TABE Complete Battery Form _____ Level _____ Reading _____ Math _____ Language _____ Average _____
- GED Practice Test Written _____ Soc _____ Sci _____ Lit _____ Math _____ Total _____

Date of Testing: _____