

Verification of Withdrawal from South Carolina Schools
Office of Adult Education
South Carolina Department of Education

GED® applicants under the age of 19 and any applicant 19 or over who has been enrolled in a South Carolina school during the current school year must complete this form and submit it to the South Carolina Department of Education. *This form must be emailed to the SCDE-Office of Adult Education. Email: vow@ed.sc.gov.*

Section I: Applicant

Complete Section I and submit to the school principal or attendance supervisor of the last South Carolina school that you attended, not including adult education. **Type or print in ink. Please provide your email below: This is the only way we will contact if this form is incorrect**

Applicant's Name _____
(Last) (First) (Middle)

Date Of Birth _____ Email Address: _____

_____ (Today's Date) _____ (Signature of Applicant)

Section II: South Carolina School Principle or Attendance Supervisor

Section II of this form is to be completed by either the school principal or attendance supervisor of the South Carolina school attended by the applicant. Once this section is completed, return the **original** copy to the applicant. Please retain a photocopy for the school records.

This form may not be used by non-South Carolina schools **Type or print in ink**

School Name _____ BEDS Code/SIDN _____

The official withdrawal date for the individual listed above is _____
(Month) (Day) (Year)

I certify that the information in Section I of this application has been verified and is correct. _____
Today's Date

Signature of School Principal or Signature of Attendance Supervisor Telephone

Section III: For Home School Applicants

Section III of this form is to be completed by the administrator of the home school association. Once this section is completed, return the **original** copy to the applicant. Please retain a photocopy for the association records. **Type or print in ink**

Name of Home School Association _____ Telephone _____

Address: _____
(No. Street) (City) (State) (Zip)

I certify that the information in Section I of this application has been verified and is correct. I also verify that the student listed above withdrew from our home school program on: _____
(Month) (Day) (Year)

Signature of Home School Administrator Title Today's Date

No applicant under the age of seventeen may take the GED® examination, unless they meet specific State requirements. Please contact South Carolina Department of Education for details. No one under the age of sixteen may take the GED examination for any reason. **Attention School Principal, Attendance Supervisor, or Home School Administrator:**
If you have any questions about the completion of this form, please call the Office of Adult Education at 803-734-8349 in the Columbia area.