

ANDERSON ADULT EDUCATION CENTER 3, 4, & 5
2005 North Main St Anderson, SC 29621
Phone: 864-260-5075 Fax: 864-260-5192
APPLICATION FOR 17 YEAR OLD TO ATTEND AAEC

All applicants 17 years old must submit this form and all required documents listed below before admission into the Anderson Adult Education GED or High School Diploma program.

Student's Full Name _____

Reason for leaving school: (Check all that apply)

- Missed too many days/failing for year.
- Too old for grade placement.
- Has already dropped out of school.
- 17 years old not living at home, supporting self.
- Discipline Issues.
- Other (please explain): _____

I give Anderson Adult Education permission to obtain all records pertaining to my education including IEP or 504 information if applicable.

*Student Signature _____ Date _____

SECTION 2: MUST BE COMPLETED BY HIGH SCHOOL PRINCIPAL OR GUIDANCE COUNSELOR

Withdrawal Code: W38 Adult Education Diploma Tracking
 W40 Adult Education GED Tracking

- Has this student paid all school fees? Yes No
- Does student have: An IEP? Yes No A Current 504 Plan? Yes No
- Is student under of facing expulsion? Yes No
- Is student on an attendance court order? Yes No
- Is student on a court order of probation? Yes No
- Has student taken the WorkKeys test? Yes No

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Copy of the Official Transcript
- Copy WorkKeys results (if applicable)
- Copy of Disciplinary printout
- Copy of Psychological file (if applicable)
- Copy of any Court Orders on file

Guidance Counselor's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____

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Must be completed AND signed by student and signed by guardian.

Student's Name: _____

Student's ID Number: _____ Present Grade: _____

Gender: (circle one) M F Birthdate: _____ Age: _____

_____ Copy of SC Identification card or SC Driver's License attached

Last School Attended: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Parent(s)/Custodial Guardian(s): _____

Address _____ City _____ State _____ Zip _____ Phone _____

Mother's Work Phone: _____ Extension: _____

Father's Work Phone: _____ Extension: _____

Reason for request: _____

If Student is accepted into the 17 year old program:

- We understand that the student must provide the necessary transportation.
- We understand that the student will be ineligible for participation in athletics.
- We understand that diploma units earned in the Adult Education Program will not transfer back to a regular high school.
- We understand the at the student will abide by attendance regulations set by the Program Director, the Anderson School District Five School Board, and the State Department of Education. Failure to abide by the attendance regulations will result in dismissal from the program.

Student Signature: _____ Date: _____

* Parent/Custodial Guardian Signature: _____ Date: _____

Note: (Adult Education) Membership shall be limited to individuals who are 17 years of age or over and have left the elementary or secondary school, except when the local school board assigns students less than 18 years of age who are not officially in membership in a regular school. These students may be assigned to one or more classes of an adult education program when (1) they exhibit an unusual educational need or (2) they exhibit physical, social, or economic problems which can be served more effectively by the adult education program." SDE ASSURANCES: "No one under the age of 16 is assigned to the Adult Education Program for any reason"

Please call 864-260-5075 for additional information regarding this program.

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 Principal 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.