



**South Carolina Department of Education
Office of Adult Education
APPLICATION TO ATTEND ADULT EDUCATION**



Section I: Applicant Information to be completed by student or legal guardian.

Applicant Full Legal Name: _____ Age: _____
 Birthdate: _____ Last High School Attended: _____ Last Grade Completed: _____

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
- Other (please explain) _____
- Expelled/Other Discipline Issues
- Physical/Medical
- 17 years old not living at home, supporting self

Applicant Signature: _____ Date: _____

Section II: Records Request to be completed by last school attended

Does applicant have *(check all that apply)*:

- An IEP? A Current 504 Plan? An attendance court order? Court order of probation?

Please attach the following documents, if applicable:

- Official Transcript (REQUIRED)*
- WIN Work Ready Credential or score results
- Court Orders (if relevant to enrollment)
- Disciplinary Record
- Current IEP/504 Plan

Student's Official Date of Withdrawal: _____ Verified by: _____

Pursuant to [South Carolina State Board of Education Regulation 43-273: Transfers and Withdrawals](#), please provide requested records within 10 business days of receipt of the request.

Section III: School District Superintendent or Designee Certification for 16 & 17 Year Old Applicants to be completed by district

I have reviewed the application and certify that:

- The applicant is zoned for attendance in our school district, has been officially withdrawn, and is not enrolled in a school in this district **OR**
- The applicant is zoned for attendance in our school district but has never been enrolled.

Superintendent/Designee Signature: _____ Date: _____

Refer to [South Carolina State Board of Education Regulation 43-259: Adult Education](#) for additional information regarding enrollment of individuals age 17-21 in Adult Education.

SECTION IV: VERIFICATION OF WITHDRAWAL FROM SOUTH CAROLINA SCHOOLS FOR GED TESTING to be completed by student or legal guardian for minors.

- Check here if the applicant is 19 or under and is applying for underage authorization for GED testing.

Student/Guardian Signature: _____ Date _____