

GED CLASS & TEST PARENTAL PERMISSION FORM



Student

Student's Name

Social Security Number

Date of Birth

School

Former School

City/State

Public School

Non-Public School

Withdrawal Date

Parent/LegalGuardian

I certify that I am the of parent/legal guardian of the above student who last attended and has officially withdrawn from the above educational institution.

By signing below, I hereby grant this student permission to enroll in the Calhoun Community College Adult Education Program and/or to register to take the GED® test.

Signed this ____ day of _____, _____

Signature

Printed Name

Title (i.e., Parent, Principal, Guardian)

Phone Number

Email Address

Notary Public

State of _____

County of _____

On this day, personally appeared before me

Parent/Legal Guardian

to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal here to affixed this ____ day of _____, _____.

Notary Signature

My commission expires

**Notary
Seal**

