



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)

- | | |
|--|---|
| <input type="checkbox"/> Missed too many days/failing for year | <input type="checkbox"/> Expelled/Other Discipline Issues |
| <input type="checkbox"/> Too old for grade placement | <input type="checkbox"/> Physical/Medical |
| <input type="checkbox"/> Has already dropped out of school | <input type="checkbox"/> 17 years old not living at home, supporting self |
| <input type="checkbox"/> Other (please explain) | |
- _____

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:

- | | |
|---|---|
| <input type="checkbox"/> Official Transcript (REQUIRED)* | <input type="checkbox"/> Disciplinary Record |
| <input type="checkbox"/> WIN Work Ready Credential or score results | <input type="checkbox"/> Current IEP/504 Plan |
| <input type="checkbox"/> Court Orders (if relevant to enrollment) | |

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- ☐ The applicant is zoned for attendance in our school district, has been officially withdrawn, and is not enrolled in a school in this district **OR**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 _____