



## Underage Release for the Admission of a Minor Applicant

to enroll in HRD classes, Educational Opportunities classes, and/or the High School Equivalency Tests (GED® or HiSet)

*It shall be the policy of the State Board of Education and the Community College System to encourage young people to complete high school, rather than to seek testing for the High School Diploma Equivalency Certificate. NC Administrative Code 02C.0305(a)*

### APPLICANT

_____		_____	
Full Name of Minor		Date	
_____			
Mailing Address	City	State	Zip Code
____ / ____ / _____		____ / ____ / _____	
Date of Birth		Social Security Number	

**PRINCIPAL:** *This section must be completed by the school official having legal jurisdiction over the above minor.*

I certify that the above minor left the public school of which I am Principal on \_\_\_\_\_ (Date)

_____	_____	_____
Signature of Principal	School Name	Date

**SUPERINTENDENT:** *If the date the student plans to take classes and/or the High School Equivalency tests is less than six months from the date he withdrew from public school, this section must be completed by the Superintendent of the school unit in which the above minor resides.*

As Superintendent of the school unit in which the above named individual resides, I hereby waive any or all of the six months' waiting period.

_____	_____	_____
Signature of Superintendent	School Unit	Date

**PARENT/GUARDIAN and NOTARY PUBLIC:** *This section must be completed in the presence of a Notary Public by the parent, guardian, or other person or agency having legal custody or control of the minor.*

I, \_\_\_\_\_, being the parent or court-appointed legal guardian of the above minor, do hereby petition SCC to admit above named minor into a test preparation class and/or allow the testing center to administer the high school equivalency tests. I hereby certify that the place of residence, date of birth of the minor, and date on which the minor applicant officially dropped out of school are correct as stated above.

_____	_____
Signature of Parent or Legal Guardian	Date

.....  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

_____	_____	_____
Signature of Notary Public	Address	Commission Expires