



UNDERAGE PERMISSION FORM B
FOR APPLICANTS 16 OR 17 YEARS OF AGE
WHO HAVE LEFT SCHOOL LESS THAN 6 MONTHS AGO

Today's Date: _____

STUDENT INFORMATION

Student's Name: _____

Student's Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone Number: _____

Course: _____

Name of last school attended: _____

City and state of last school attended: _____

Last date of attendance in above school: _____

High School Approval

It is the recommendation of _____
that _____ be granted a waiver of the six-month
waiting period for the following reasons:

Signature of County Superintendent Date