PARENTAL PERMISSION FORM

I,			, tl
(Name of parent or	legal guardian)		
parent or legal guardian of		whose s	ocial security
	(Name of student)		
number is	acknowledge that h	e/she stopped atter	nding classes on
at			
(Date of last class) at (Name of	f School)		
Durtha signature of b 1 11			
By the signature of my hand, I he	reby grant(Name o	f student)	permission
to enroll in an Adult Education Pr	- 53		and to register
o chi on in an i tuan Education i i			ind to register
11 - 1 : :	(Name of Sch	ool/Program)	
and be administered the GED® te	st.		
Signed this	day of	· · · · · · · · · · · · · · · · · · ·	·
	(Parent or	legal guardian signatu	re)
	D	≥	
	Print Name & Tri	tle	
STATE OF			
STATEOF			
COUNTY OF			
	 :		
On this day, personally appeared o me known to be the person(s) d			to any assertion sor
nstrument, and acknowledged th			
he uses and purposes therein mer		ms/ner voluntary a	act and deed, for
iæc i€			
Witness my hand and official sea	here to affixed this	_day of	
			
My commission expires			