



## Minor Applicant Release/Withdrawal Form

**For Admission into the following Basic Skills Program**

\_\_\_\_ GED/Adult Basic Education

\_\_\_\_ Compensatory Education

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street or Box No. City State Zip

School Last Attended \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Date Last Attended \_\_\_\_\_ Official Withdrawal Date \_\_\_\_\_  
Month Day Year Month Day Year

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As Superintendent, Chief School Officer, or designee of the School Unit in which the above named individual resides, I hereby waive any or all of the six months' waiting period. I understand that once the individual attains a passing score a high school diploma equivalency certificate shall be issued by the North Carolina Community College System.

\_\_\_\_\_  
Signature of Superintendent, Chief School Officer, or Designee

\_\_\_\_\_  
Date

White Copy—Instructor's Folder  
Yellow Copy—GED Examiner  
Pink Copy—Basic Skills Office