

PARENTAL PERMISSION FORM

I, _____, the
(Name of parent or legal guardian)
parent or legal guardian of _____ whose social security
(Name of student)
number is _____ acknowledge that he/she stopped attending classes on
_____ at _____
(Date of last class) (Name of School)

By the signature of my hand, I hereby grant _____ permission
(Name of student)
to enroll in an Adult Education Program with _____ and to register
(Name of School/Program)
and be administered the GED® test.

Signed this _____ day of _____, _____.

(Parent or legal guardian signature)

Print Name & Title _____

STATE OF _____

COUNTY OF _____

On this day, personally appeared before me _____
to me known to be the person(s) described in and who executed the within and foregoing
instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for
the uses and purposes therein mentioned.

Witness my hand and official seal here to affixed this _____ day of _____, _____.

My commission expires _____.