

# K-12 Education Withdrawal and GED® Testing Registration Application Form

**Section 1**

This form must be completed in its entirety at the time of withdrawal from a K-12 program of instruction and prior to enrolling in an adult education program or registering to take the GED® test. The form must be submitted to an adult education center to begin GED testing registration.

Applicant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Number (SSID): \_\_\_\_\_

The above named applicant has been counseled by school personnel and understands and accepts the consequences and educational choices with the decision to withdraw from a K-12 program of instruction.

Last School District Code \_\_\_\_\_ Student's District Number \_\_\_\_\_  
 Last School Number \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature** **Date**

**To be completed by school personnel at the time the applicant aged 16-18 withdraws from the K-12 educational system.**

**Verification K-12 withdrawal**

School District _____	Withdrawal Date _____	Last grade <u>completed</u> : _____
Charter School _____	Withdrawal Date _____	Total credits earned: _____
Special Purpose School _____ (Not associated with a school district)	Withdrawal Date _____	

Homeschooled: Yes No  
 Date of Exemption: \_\_\_\_\_

*The following signatures acknowledge:*

1. That counseling has been provided to the applicant explaining the consequences of the applicant's education choices.
2. Verification of the applicant's withdrawal from a K-12 program of instruction.

**School Counselor** (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

and

**School Principal, Student Services Representative, or Designee** (print name): \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As the applicant's parent/guardian I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in an adult education program of instruction.

and

**Parent/guardian signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3**

**The 16-18 non-graduate applicant, whose class has not graduated, seeking admission to a GED Testing Center must bring this completed withdrawal/permission document to an adult education program along with a government-issued picture ID.**

**As a GED Testing Applicant, I understand and accept the consequences associated with my decision to withdraw from a K-12 program of instruction, including:**

1. If I pass the GED test according to the Utah state standard (minimum score of 150 on each of the four test modules), I cannot return to a K-12 program of instruction unless I have an IEP and then only until age 22 for FAPE.
2. If I pass the GED test, I will be issued a Utah High School Completion Diploma.
3. If I do not pass the GED test, I may return to a K-12 program of instruction and will be required to complete all necessary graduation requirements for a traditional K-12 diploma, or I may enroll in an adult education program to continue with the graduation requirements necessary for an Adult Education Secondary Diploma.

\_\_\_\_\_  
**Applicant's Signature** **Date**

As the applicant's parent/guardian, I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in GED® testing.

**Parent/guardian signature:** \_\_\_\_\_ Date: \_\_\_\_\_

(Note: If the applicant is married, a marriage certificate may be presented at the GED Testing Center in lieu of having a parent/guardian signature on this document.)

**Section 3**

Additional permission required for 16-year-olds seeking to register and take the GED® test:

16-year-olds seeking admission to a GED Testing Center must access a Utah state-sponsored adult education program for academic testing verification that they have the academic readiness skills necessary to take the GED test.

To be completed by an Adult Education Program Director/Designee: The above named applicant demonstrates academic readiness to take the GED Test. My signature is not a guarantee that the applicant will pass the GED test.

**Name of Adult Education Program:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Position (print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_