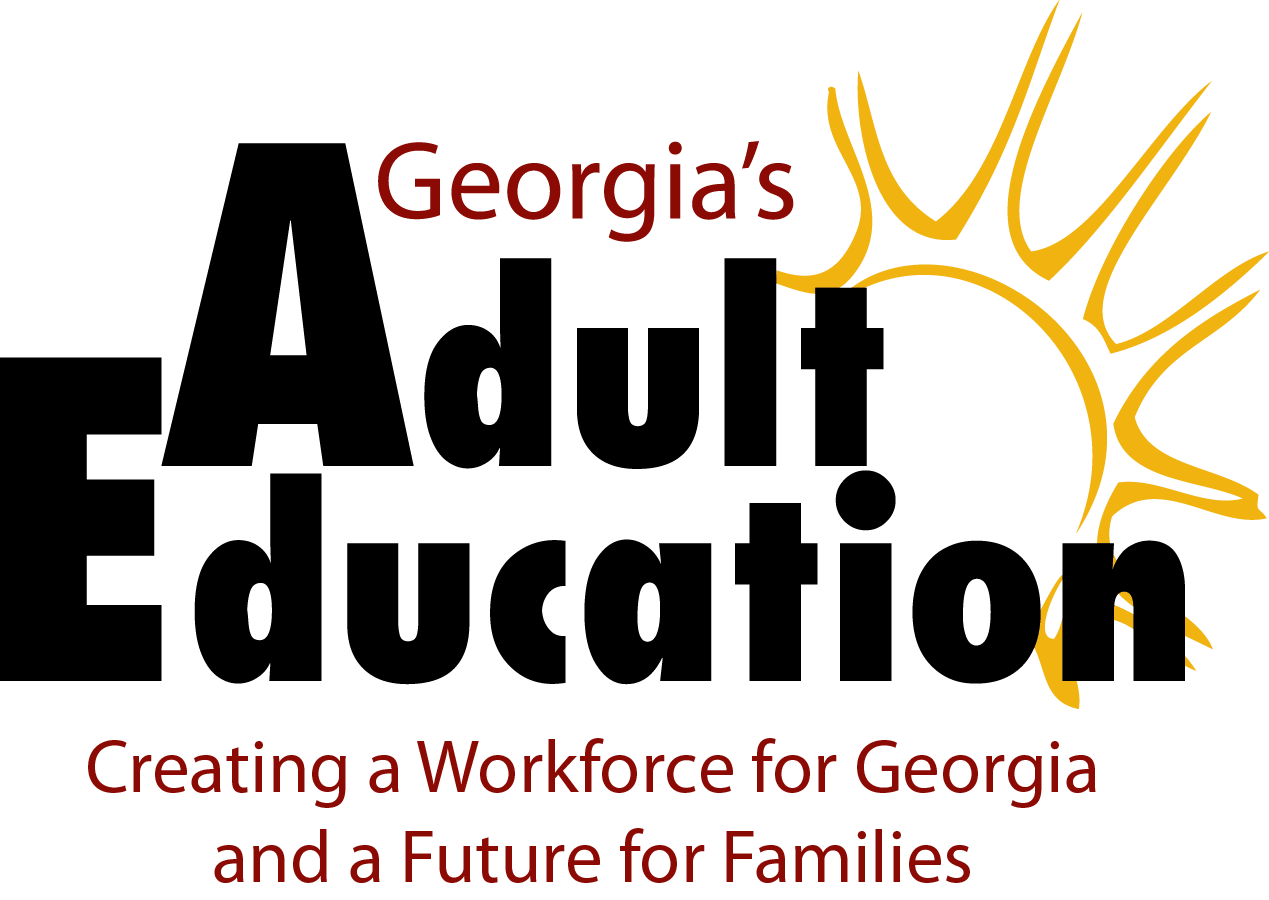
**Underage Youth Application for Program Enrollment**

**and Permission to Take the GED® Test**

**(*Mandatory for all 16 and 17-year-olds)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT NAME (Last, First, Middle/Former): *PLEASE PRINT*** | | | | |
| **DATE OF BIRTH:** | **AGE:** | **SOCIAL SECURITY or ID Number:** | | |
| **MAILING ADDRESS:** | | | | |
| **PHONE # (include area code):** | | | **GENDER: Male Female** | |
| **ADMISSION CATEGORY (please check one):**  **Parent/Guardian Permission Marriage Legal Emancipation Court Order/Adjudication Special Program** | | | | |
| **NAME & LOCATION OF LAST SCHOOL ATTENDED:** | | | **DATE LAST ATTENDED:** | |
| **Describe reason for requesting admission to a state-approved adult education program and/or permission to take the GED® Test (attach additional sheet(s), if necessary):** | | | | |
| **APPLICANT’S SIGNATURE:** | | | | **DATE:** |

**Parent/Guardian Permission to Enroll/Take the GED® Test**

***(Applicable to Admission Category of Parent/Guardian Permission Only)***

Signature of parent/guardian must be completed in the presence of a witness.

I certify that I am the parent/legal guardian of the applicant above and I give him/her permission to enroll in a state-approved adult education program and take the GED® Test.

|  |  |  |
| --- | --- | --- |
| **PARENT/GUARDIAN NAME: *PLEASE PRINT*** | **SIGNATURE OF PARENT/GUARDIAN:** | **DATE:** |

I, the witness, affirm that the signature of the parent/guardian has been written in my presence. I agree that the Technical College System of Georgia may contact me in reference to the validity of the parent/guardian signature.

|  |  |  |  |
| --- | --- | --- | --- |
| **WITNESS NAME: *PLEASE PRINT*** | **SIGNATURE OF WITNESS:** | | **DATE:** |
| **ADDRESS OF WITNESS:** | | | |
| **TITLE/POSITION OF WITNESS:** | | **PHONE #:** | |

**Applicant Name – Last, First (PLEASE PRINT): Date:**

**Adult Education Program Enrollment Approval**

I certify that this applicant is **NOW ENROLLED** in a state-approved adult education program. I certify that I have required proof of identity from the applicant and appropriate documents are attached. I have reviewed the application and find it accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| **Program Administrator/Designee NAME: *PLEASE PRINT*** | | |
| **TITLE:** | **ADULT EDUCATION PROGRAM/SITE:** | |
| **ADDRESS:** | | **PHONE #:** |
| **PROGRAM AdMINISTrATOR/DESIGNEE SIGNATURE:** | | **DATE:** |

**Recommendation to Take the GED® Test**

**In order to receive a recommendation to take the *GED® Test*, 16 and 17 year olds must:**

1. Attend adult education classes for a minimum of 40 hours.
2. Score at least a 9.0 grade equivalent on the D or A level TABE assessment in Reading, Math, and Language.

(Once steps 1 and 2 are completed, the program will administer *GED Ready™.)*

1. *Take the GED Ready™ practice test, which is administered by the adult education program.*
2. *Score at least a 158 on each part of GED Ready™.*
3. *Schedule a time with his/her teacher to register for the GED® Test. (*[*www.ged.com*](http://www.ged.com) *or 1-877-392-6433)*
4. *Agree to maintain enrollment in the adult education program through the successful completion of GED Testing.*

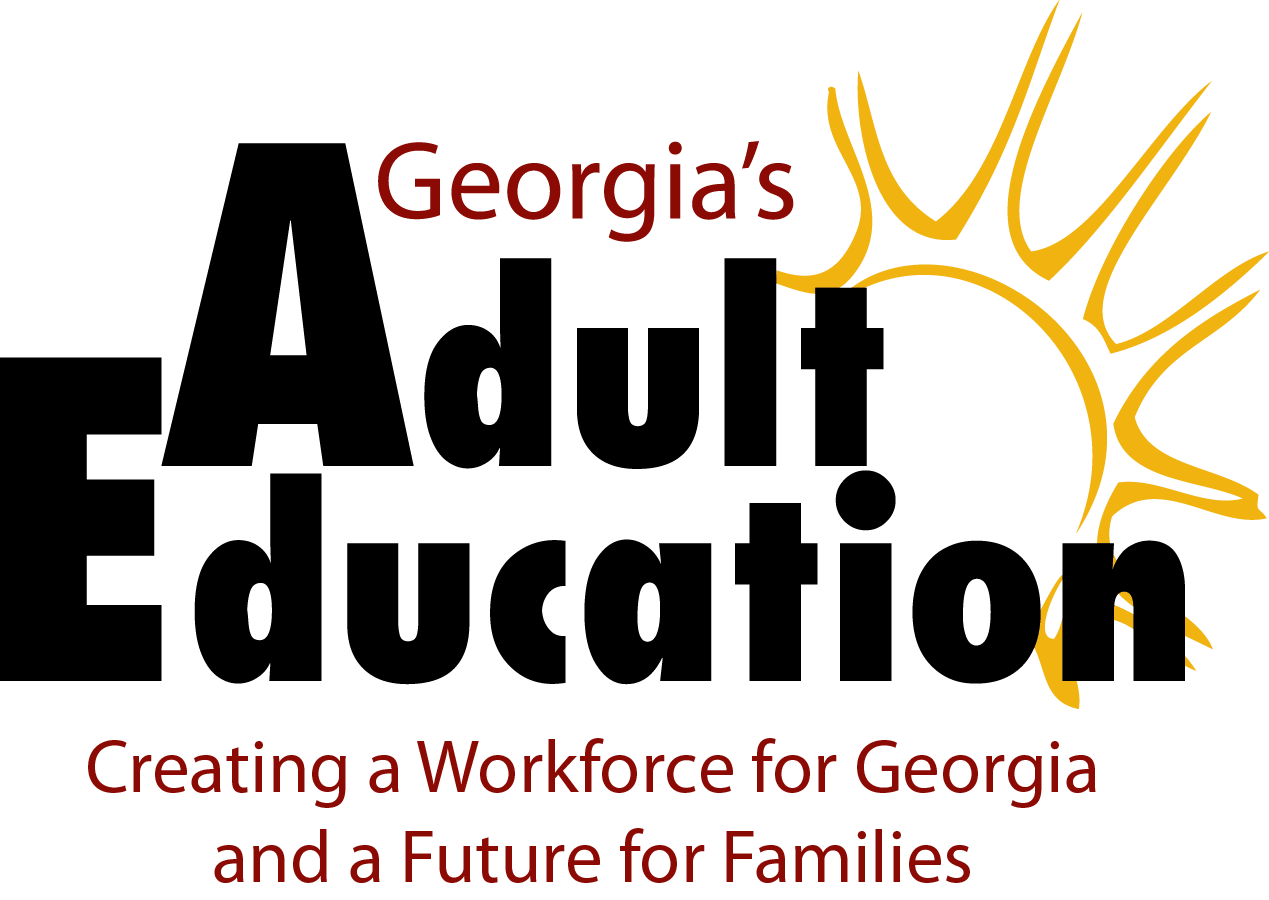
I certify that the applicant listed on page one has met the above requirements.

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Name: *please print*** | | **Adult education program/site:** | |
| * **Attended a minimum of 40 hours** | * **Earned a 9.0 on TABE Reading, Math & Language** | * **Met minimum scores on *GED Ready*™** | * **Registered to take the GED® Test** |
| **Teacher Signature:** | | | **Date:** |

**Approval to Take the GED® Test**

I have reviewed the application and find it accurate to the best of my knowledge. I certify that the applicant has met Georgia GED**®** Testing eligibility requirements for 16 and 17 year olds in a state-approved adult education program based on the information provided by the applicant and the teacher listed above. The program will complete a *Request for GED Testing Approval* form and submit it to the Georgia GED® Testing Program (GaGTP) for final approval.

|  |  |
| --- | --- |
| **PROGRAM ADMINISTRATOR/DESIGNEE NAME: *PLEASE PRINT*** | |
| **PROGRAM ADMINISTRATOR/DESIGNEE SIGNATURE:** | **DATE:** |

**Underage Youth Application for Program Enrollment**

**and Permission to Take the GED® Test**

Applicant Procedures

In order for Underage Youth (16 and 17-year-olds) to take the GED® Test in Georgia prior to their 18th birthday, they must enroll in an approved Adult Education program and complete requirements necessary to be granted approval to take the GED® Test early.

**Adult Education Program Enrollment Steps**

1. **Fill out the application form provided by the local adult education program.** Select the appropriate admission category and provide documentation, as needed.
2. **Parent/Guardian Permission** – parent/guardian must sign the application in front of a witness
3. **Marriage** – attach a copy of your marriage certificate
4. **Legal Emancipation** – attach a copy of your emancipation document
5. **Court Order/Adjudication** – attach documentation from Juvenile Justice, correctional facility, etc.
6. **Special Program** – attach official enrollment forms from an approved organization, e.g. Job Corps, Youth Challenge
7. **Validate that you have withdrawn from K-12 education by attaching ONE of these documents. Court Order/Adjudication and Special Program students are exempt from this requirement.**

Public and Private School Applicants

1. An official withdrawal document from the last school attended by the applicant.
2. A letter signed by the superintendent or designee verifying applicant is no longer enrolled.
3. A statement from the superintendent or designee indicating that you are not currently enrolled in the local school system.

Home School Applicants

1. An Underage Enrollment Affidavit for Home School Students (available from the adult education program)
2. **Provide legal identification with proof of age with your submitted application and supporting documentation.** The program will admit you only if you have submitted all required documents.

**GED® Testing Approval Steps**

1. **Attend adult education classes for a minimum of 40 hours.** This is a minimum requirement. It may take longer for you to prepare for the GED® Test.
2. **Score at least a 9.0 grade equivalent on the D or A level TABE assessment** **in Reading, Math, and Language** which is administered by the adult education program. It is possible that you may have to take the TABE more than one time to achieve this level of scores. Once you have completed steps 1 and 2, the program will administer the *GED Ready™*.
3. **Take the *GED Ready™ practice test.*** The practice test must be administered in the adult education program. GED Ready™ scores earned outside of the program will not be considered for testing approval.
4. **Score at least a 158 on each part of the *GED Ready™.*** A score of 158 demonstrates your ability to pass the GED® Test.
5. **Schedule a time with your teacher to register for the GED® Test.**
6. Online registration: [www.ged.com](http://www.ged.com)
7. Telephone: 1-877-EXAM-GED (1-877-392-6433)
8. **Agree to maintain enrollment in the adult education program** until you have successfully completed your GED® Testing, as outlined by the adult education program you attend.

After successful completion of these requirements, the program will complete a *Request for GED Testing Approval* form and submit it to the Georgia GED® Testing Program (GaGTP) for final approval. You will receive an email from the GED Testing Service® with scheduling instructions, if approved.