



## PARENTAL CONSENT FOR ALTERNATIVE EDUCATION

Student's Birth Name *(Please print clearly)*

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

LAST SCHOOL SYSTEM ATTENDED \_\_\_\_\_

LAST DATE OF SCHOOL ATTENDANCE \_\_\_\_\_

THE ABOVE NAMED MINOR REQUESTS PERMISSION: *(check one)*

\_\_\_ TO ENROLL IN THE ADULT HIGH SCHOOL DIPLOMA PROGRAM.

\_\_\_ TO TAKE AND/OR PREPARE FOR THE GED® TEST.

### FOR PARENT OR LEGAL GUARDIAN ONLY

I give my consent for \_\_\_\_\_ to participate in the Adult Education Program offered by Cape Fear Community College. The student information that I have entered on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to minor**

I certify that the following person personally appeared before me on this date, acknowledging to me that he or she signed the foregoing document.

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
DATE

State of \_\_\_\_\_ County of \_\_\_\_\_

*(Official seal)*

\_\_\_\_\_  
**Notary Public Signature**

\_\_\_\_\_  
**Notary Public Printed Name**

**My commission expires:** \_\_\_\_\_, 20\_\_\_\_