



Cape Fear Community College

411 North Front Street • Wilmington, North Carolina 28401-3993
Phone (910) 362-7000 • Fax (910) 362-7080 • http://cfcc.net

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.

FOR PARENT OR LEGAL GUARDIAN ONLY

I give my consent for _____ to participate in the Alternative 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.

_____ personally appeared before me on
PRINT PARENT/GARDIAN NAME

DATE

Signature of Parent/Guardian _____

Relationship to the above-named Minor _____

NOTARY PUBLIC _____ *(Official seal)*

My commission expires: _____, 20____