



411 North Front Street, Wilmington, North Carolina 28401

PARENTAL CONSENT FOR ACADEMIC AND CAREER READINESS

Student Name: _____

Social Security Number: _____

Telephone Number: _____

Date of Birth: _____ **Age:** _____

Last School System Attended: _____

Last Date of Attendance: _____

The above-named minor requests permission to (please check one):

- ☐ Enroll in the **Adult High School Diploma Program**
- ☐ Enroll in the **High School Equivalency** program to prepare for and take the **GED® Test**
- ☐ Enroll in the **English as a Second Language (ESL)** Program

Parental Consent Or Legal Guardian Only

I, the undersigned, hereby give permission for my child, _____,
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:

Name of Parent/Guardian: _____

Date: _____

State of _____ **County of** _____

Signature of Notary Public: _____

Printed Name of Notary: _____

My Commission Expires: _____