

Spartanburg County School Districts 1-7

RELEASE

Permission is requested for

Name _____

Address _____

Telephone _____

to attend Spartanburg County Adult Education and enroll in the following program:

GED _____ High School Diploma _____ Basic Education _____

Date of Withdrawal _____ Social Security No _____

Reason for Withdrawal _____

Age _____ Date of Birth _____

Last School Attended _____

Last Grade Completed _____ Number of Units Earned _____

Please obtain all signatures that are requested below prior to sending to the Adult Education program

Parent or Guardian Signature

Date

Principal Signature

Date

Superintendent Signature

Date

I UNDERSTAND THAT I CANNOT TRANSFER ADULT EDUCATION PROGRAM CREDITS TO HIGH SCHOOL.

Student's Signature

Date

For District Use Only

Is the student being served under an IEP? Yes _____ No _____

Has a 504 plan? Yes _____ No _____

****Please include Official Transcript****