

**VERIFICATION OF WITHDRAWAL FROM South Carolina SCHOOLS**  
**GED® TESTING OFFICE**  
**SOUTH CAROLINA DEPARTMENT OF EDUCATION**

GED® applicants under the age of 19 and any applicant 19 or over who has been enrolled in a South Carolina school during the current school year must complete this form and submit it to the GED® Testing Office. *This form must be emailed or faxed to the appropriate e GED® Testing Office.*

**Section I: APPLICANT**

Complete Section I and submit to the school principal or attendance supervisor of the last South Carolina school that you attended, not including adult education. **Type or print in ink.**

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date Of Birth \_\_\_\_\_

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Signature of Applicant)

**Please provide your email: This is the only way we will contact if this form is incorrect:**

**Email address**

**Section II: SOUTH CAROLINA SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR**

Section II of this form is to be completed by either the school principal or attendance supervisor of the South Carolina school attended by the applicant. Once this section is completed, return the **original** copy to the applicant. Please retain a photocopy for the school records.

**This form may not be used by non-South Carolina schools** **Type or print in ink**

School Name \_\_\_\_\_ BEDS Code/SIDN \_\_\_\_\_

The official withdrawal date for the individual listed above is \_\_\_\_\_  
(Month) (Day) (Year)

I certify that the information in Section I of this application has been verified and is correct. \_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of School Principal

or

\_\_\_\_\_  
Signature of Attendance Supervisor

\_\_\_\_\_  
Telephone

**Section III: FOR HOME SCHOOL APPLICANTS**

Section III of this form is to be completed by the administrator of the home school association. Once this section is completed, return the **original** copy to the applicant. Please retain a photocopy for the association records. **Type or print in ink**

Name of Home School Association \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_  
(No. Street) (City) (State) (Zip)

I certify that the information in Section I of this application has been verified and is correct. I also verify that the student listed above withdrew from our home school program on:

\_\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
Signature of Home School Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Today's Date

No applicant under the age of seventeen may take the GED® examination, unless they meet specific State requirements. Please contact the GED® Testing Office for details. No one under the age of sixteen may take the GED examination for any reason.

**Attention School Principal, Attendance Supervisor, or Home School Administrator:**

If you have any questions about the completion of this form, please call the GED® Testing Office at 800-277-7323 or 803-734-8347 in the Columbia area.

# **INSTRUCTIONS FOR COMPLETING VERIFICATION OF WITHDRAWAL FROM SOUTH CAROLINA SCHOOLS FORM**

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## **THIS FORM IS FOR SOUTH CAROLINA SCHOOLS ONLY**

If the last school you attended was not in South Carolina, you will need a letter from the superintendent of the school district in which you now live. This letter must be typed on district letterhead and state that you have never attended school in that district. It must also indicate your date of birth. The superintendent of the school district or his/her designee is the only one that may sign this letter.

If you prefer, you may obtain a letter from the principal of the last out-of- state school you attended. The letter must provide the last date of your attendance and your date of birth. This letter must be on official school letterhead.

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### **Section I: APPLICANT**

- The applicant is to complete this section of the form.
- Provide your full name (no nicknames), social security number, and date of birth.
- This section must be dated and signed by the applicant.
- The application cannot be processed without the applicant's signature.

### **Section II: SOUTH CAROLINA SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR**

- This section is to be completed by the principal or the attendance supervisor of the last South Carolina school attended.
- K-12, alternative or charter schools may complete this section. The seven-digit BEDS code must be provided.
- This section may NOT be completed by an adult education center.
- Private schools that are members of The South Carolina Independent School association (SCISA) may use this form.
- Private schools that are not members of SCISA may use this form, as long as they attach a letter on school letterhead from the headmaster of the school listing the school address, telephone number, and a brief description of the school's background and mission.
- Private schools do not provide a BEDS code.

### **Section III: HOME SCHOOL APPLICANTS**

- The administrator of the state-approved home school association under which the examinee studied must complete this section.
- A parent or guardian may NOT sign this form.
- If you are enrolled under the home school program of your local school district, the district administrator of the program must sign the form.