



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
OFFICE OF ADULT AND COMMUNITY EDUCATION

General Educational Development (GED) Age Waiver Application

A signed copy of withdrawal from last school attended and a copy of the GED Practice Test including score must be attached to this application. Send completed application to: The School District of Palm Beach County, Department of Instructional Support, GED Testing Office, 2161 North Military Trail, West Palm Beach, FL 33409. [(561) 640-5074]

Application approval or disapproval is governed by the School District of Palm Beach County policy 8.091 (8.091 State of Florida High School Diploma.) **You will be notified, in writing, regarding the approval or disapproval of this request.**

A candidate for the GED test shall be at least 18 years of age on the date of examination, except that in extraordinary circumstances as determined by the superintendent or his/her designee, said candidate may take the examination after reaching age of 16 years. Extraordinary circumstances may include, but are not limited to, the following:

- An individual with medical or psychological problem.
- A recommendation from an appropriate court of law.
- Economic or personal hardship, authority: 1003.435 FS.

PRINT (IN INK) OR TYPE

LAST NAME <i>(last, first, middle initial)</i>		AGE	DATE OF BIRTH / /	SOCIAL SECURITY NO. <i>(optional)</i> - -	
ADDRESS			CITY	STATE	ZIP CODE
HOME TELEPHONE () -		BUSINESS TELEPHONE () -		LAST SCHOOL ATTENDED	
WITHDRAWAL GRADE LEVEL	NAME OF ADULT EDUCATION SCHOOL		NAME OF ADULT TEACHER		

Total score on the GED Practice Test *(must be 2500 with a minimum score of 500 on each sub-test)* _____

I am applying for an age waiver for the following reason: **(check one)**

- I am enrolled in a GED Exit Option Program at _____
- I am enrolled in a Department of Juvenile Justice Program at _____
- I am enrolled in home education. *(Verification letter on N998 on A07 and schools must contact Field Support Technician at 434-6847 or PX 46847)*
- I am married and must work full-time. *(A copy of married license must be attached.)*
- I have a medical or psychological problem and cannot attend school. *(A doctor's statement documenting the illness/disability must be attached.)*
- I am under the supervision of a court of law or enrolled in an alternative school and it is recommended that I be granted an age waiver. *(A letter from the court or from a school principal must be attached.)*
- For economic reasons: The economic situation in the family requires that I work full-time. *(A letter from your employer and a letter from a parent/guardian documenting economic hardship must be attached.)*
- None of the above apply; however, I request that my extraordinary circumstances be considered. *(A letter explaining the circumstances and appropriate documentation must be attached.)*

I affirm that the above statement and the attached documentation are true and correct to the best of my knowledge. I am aware that submission of this application does not necessarily mean it will be approved.

SIGNATURE OF PARENT/GUARDIAN DATE SIGNATURE OF APPLICANT DATE

Sworn to and subscribed before me this _____ day of _____, _____.	
_____ SIGNATURE OF NOTARY PUBLIC	_____ DATE
My commission expires _____	

SCHOOL DISTRICT USE ONLY – RECOMMENDATION