



# ADULT EDUCATION PROGRAM

TALLAHASSEE COMMUNITY COLLEGE  
444 APPELYARD DRIVE  
TALLAHASSEE, FLORIDA 32304-2895  
(850) 201-8760

## PARENTAL CONSENT FORM

PLEASE PRINT CLEARLY IN INK OR TYPE

If a student is under the age of eighteen (18), a parent or guardian must complete the following for the student's admission to the Adult Education program. Please return the completed form to the address above.

1. Student Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

2. Student Name: \_\_\_\_\_  
Last Name First Name MI

3. Address: \_\_\_\_\_  
Street Address/ Box # Apt. #  
\_\_\_\_\_  
City State Zip Code

4. Parent Name: \_\_\_\_\_  
Last Name First Name MI

5. Parent's Address (if different from student's address):

\_\_\_\_\_  
Street Address/ Box # Apt. #  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Home Phone Number Work Phone Number Mobile Phone Number

### Parental Consent:

I,  give   
Parent or Legal Guardian's Name (Print) Student's Name

permission to enroll in the Tallahassee Community College Adult Education (ABE/GED) Program.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

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