## CCHOOL DISA

## THE SCHOOL DISTRICT OF PALM BEACH COUNTY DEPARTMENT 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 Adult and Community Education, GED Testing Office, 2161 North Military Trail, West Palm Beach, FL 33409 [ (561) 616-7800]

Application approval or disapproval is governed by the School District of Palm Beach County policy 8.09 and Florida Statute §1003.435. 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 the 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.* 

LAST NAME (last, first, middle initial)			AGE	DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NO. (optional)		
ADDRESS					STATE	ZIP CODE
HOME TELEPHONE (000) 000-0000)	BUSINESS TELEPHONE (000)	) 000-0000	LAST SC	HOOL ATTENDED		
WITHDRAWAL GRADE LEVEL NAME OF ADULT EDUCATION SCHOOL			NAME OF ADULT TEACHER			
Total score on the GED Practic	e Test (must be 2500 wit.	h a minimu	n score	of 500 on each sub-te		
I am applying for an age waiv	·			o, 000 on 000, 000 to		
I am enrolled in a GED Exit C	option Program at					
I am enrolled in a Department of Juvenile Justice Program at						
I am enrolled in home education. (Verification letter or N998 on A07 screen; schools must contact Field Support Technician at 434-6847 or PX 46847)						
I am married and must work	full-time. (A copy of marriag	ge license mu	st be atta	ched.)		
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; he				nces be considered. (A	letter ex	plaining the
	<u>ite documentation</u> must be at					
I affirm under oath that the ab						best of my
knowledge. I am aware that su	omission of this application	n does not	necessar	ily mean it will be app	roved.	
- C		-				
Signature of Parent/Guardian	Date	2	ignature o	f Applicant		Date
	STATE OF FLORIDA, C	OUNTY OF	PALM BE	ACH		
Sworn to (or affirmed) and sub	scribed before me this	day of _		(year), by _		
Who is personally known to m	or who produced as identif	fication				·
			t, Type, or Stamp Commissioned Name of Notary Public, nmission Number and Expiration Date			
	SCHOOL DISTRICT U	JSE ONLY -	RECOMN	IENDATION		
PBSD 0944 (Rev. 06/18/2009) ORIG	NAL - GED Testing Center	5	ianature			