



ELIGIBILITY VERIFICATION

I, _____, am the age of 16, 17 or 18 years old and not entered in public school.
NAME (Please Print) (Please Circle Age)

STUDENT SIGNATURE

DATE

ADULT EDUCATION PARENT/GUARDIAN CONSENT
MUST be completed by parent or guardian of 16, 17, and 18 year-old

My son/daughter, _____, is not enrolled in school and has my permission to enroll
Son/Daughter Name
in Adult Education & Literacy classes at Central Texas College to study for the Texas Certificate of High School Equivalency (TxCHSE) Tests. If passing scores are obtained on the tests, I understand that a Texas Certificate of High School Equivalency will be issued by GED Testing Services.

Name of School My Son/Daughter Last Attended

I, _____, authorize the Adult Education staff to verify with the above-named
Parent's Name
school or any other school that my son/daughter has attended, the current enrollment status of my child. I authorize any school attended by my son/daughter to release any information necessary to confirm current enrollment status, including information otherwise made confidential under the Family Education Rights and Privacy Act, 20 U.S.C. Section 1232g. I understand that location options are limited.

I understand that I will only have access to my student's academic progress and attendance IF he/she grants consent.

Parent/Guardian Signature

Date