



Minor Student Application (Revised March 4, 2016)

Adult High School or Basic Education Programs

To enter the Adult High School program, the following must be completed by the principal of the last school the applicant attended:

Name of Student: _____ Date of Birth: ____/____/____
First Middle Last

Social Security Number ____-____-____ Driver's License Number: _____

Address: _____
City State Zip

Name of Last School Attended: _____ Date last attended: _____

Official Withdraw Date: ____/____/____ PLEASE ATTACH AN OFFICIAL TRANSCRIPT!!!

Principal's Signature: _____ Date: ____/____/____

Superintendent Signature: _____ Date: ____/____/____

The superintendent's signature is required if the student has been out of school less than six calendar months.

School System: _____

It shall be the policy of the State Board of Education and the Community College System to encourage young people to complete high school, rather than seek testing for the High School Diploma Equivalency. (NC Administrative Code)

This following must be completed by Isothermal Community College's President:

In consideration of the student information and recommendation(s) above, I recommend that the above named student be allowed to enroll in the Adult High School or Basic Education Program offered through Isothermal Community College.

Signature of President, Isothermal Community College

Applicant or School: After this form has been completed with appropriate signatures,

Return the form to:

Amy Galla
Isothermal Community College
PO Box 804
Spindale, NC 28160

Applicant: Please call 828-395-1361, to schedule a student interview appointment.

The completed parent form can be brought to the student interview appointment, or submitted to the adult high school office prior to the appointment.

Both sides of this form MUST be completed before admittance!

The section below must be completed by the parent, guardian, or other person/agency having legal custody or control of this applicant, in the presence of a Notary Public:

AFFIDAVIT OF PARENT/LEGAL GUARDIAN (Revised March 4, 2016)

I state under oath that the following information is accurate:

1. Students Name: _____
2. Parent/Guardian name: _____
3. Parent/Guardian address : _____
City State Zip
4. Parent/Guardian mailing address :
(If different than above) _____
City State Zip
5. Parent/Guardian's Primary Contact Number: (____) _____ - _____ (Cell)
(____) _____ - _____ (Home) (____) _____ - _____ (Work)
6. Student's Driver License/Permit Number: _____
7. Previously the student was enrolled at: _____ (Name of School) at
_____ (Address of School).
8. If this student is currently under a term of suspension or expulsion from attendance at a private or public school, school report **must** be attached giving details.
9. If this student has been convicted of a felony, a copy of the court record **must** be attached.
10. I understand that if information in affidavit is false, the student may be removed from the AHS/ABE Program.
Signature of Parent/Guardian: _____ Date: ____/____/____

I, _____, being the parent or court-appointed legal guardian of the above minor, do hereby approve the above named program to administer the TABE/CASAS tests to the above minor student when eligible to test and/or that the above named minor student should be considered for enrollment in the Adult High School Diploma or Adult Basic Education Program if applicable. I hereby certify that the legal residence, mailing address, and date of birth of the minor applicant are correct as stated above.

Signature of parent or legal guardian
(To be signed in presence of a Notary)

Date

SEAL

Subscribed and sworn before me this _____ day of _____, 20_____.

Signature of Notary Public

Date Commission Expires

Address: _____

Both sides of this form MUST be completed before admittance!