

SPECIAL PERMISSION TO ATTEND CRAVEN COMMUNITY COLLEGE

_____/_____/_____/_____
STUDENT'S NAME SOCIAL SECURITY NUMBER DATE of BIRTH GRADE

Has permission to attend the High School Equivalency Program at Craven Community College.

Student's address _____

_____ Phone # _____

Last school attended _____ Date _____ / _____

School's address _____

Reason for leaving _____

_____ CRAVEN COUNTY students: Parent must obtain the ALTERNATIVE EDUCATION REFERRAL FORM from the guidance department of last school student attended, rather than this permission form.

_____ NORTH CAROLINA students from outside of Craven County or PRIVATE SCHOOL STUDENTS: The _____ County Board of Education or _____ Private School releases this student to attend Craven Community College's Adult High School or GED program and verifies the above information on school attendance.

*COUNSELOR _____ DATE _____

*PRINCIPAL _____ DATE _____

SUPERINTENDENT (*DESIGNEE) _____ DATE _____

*If given authority by superintendent, sign also for superintendent.

_____ HOME-SCHOOLED students: Parent must sign this form, attach copy of state approval form, and certify that the student has not been enrolled in NC public school for the past six months.

_____ OUT-OF-STATE students: Parent must sign this form; signatures of school officials are unnecessary.

_____ EMANCIPATED students must provide either of the following documentations:

- 1. A marriage certificate and ID
2. An official emancipation document signed by the courts

Anything other than legal documentation is not acceptable and the student will have to follow the regular process.

REQUIRED FOR ALL MINOR students:

I certify that all information supplied above is accurate and request that he/she be allowed to attend the Craven Community College High School Equivalency Program.

Parent/legal guardian _____ Date _____

(SIGNATURE OF PARENT OR GUARDIAN-to be notarized below by Notary Public)

NOTORIZATION: This is to certify that _____

appeared before me on _____ and expressed a desire for _____,
(DATE) (STUDENT'S NAME)

_____ to attend the High School Equivalency Program at Craven Community College.

(AGE) (DATE OF BIRTH)

Name _____ Commission expires _____

(Seal)