



Application for Underage (17 years old) to attend Adult Education

Legal name: _____
Last First Middle

Birthday: _____ () Female () Male

Address: _____
City State Zip

Telephone Number(s): _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____
(if different from yours) City State Zip

Last school attended: _____

Last date attended: _____ Highest grade completed: _____

Reason(s) why you wish to enroll in Adult Education, attach another sheet if necessary:

Applicant must be in good standing upon leaving their previous high school.

Parent/Guardian signature Date Applicant's signature

Return this form to the Principal of the last school you attended. After the Principal or Designee has signed below, take this form to the School District Office to obtain the Superintendent or Designee signature. Once all required signatures have been obtained, return this form to the class location (Clover, Fort Mill or York) you wish to attend.

High School Principal or Designee signature High School Date

Superintendent or Designee signature District Date

***A transcript request will be sent to the high school once the student has enrolled in adult education.**