



Instructions

This form must be completed by any 16- or 17-year old individual who is currently not enrolled in a public/private high school and is interested in taking a high school equivalency assessment. This form must be signed by a parent/guardian and presented to the Chief Examiner when registering for the assessment. For any questions, contact the New Jersey Department of Education at (609) 376-3883 or adulted@doe.nj.gov or visit www.state.nj.us/education/adulted.

Part A: Applicant Information

To be completed by applicant.

First Name:

Middle Initial:

Last Name:

Social Security Number:

Address:

City:

State:

Zip Code:

Telephone:

Email address:

Date of birth (mm/dd/yyyy):

Age (years):

I certify the following:

I am at least 16 years of age. I am not currently enrolled in school. I have not graduated from an accredited high school in the United States or Canada. I have not previously earned a State-issued high school diploma or earned scores to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable). I certify that I am eligible to take a high school equivalency assessment and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the tests. In addition, the New Jersey Department of Education reserves the right to invalidate the assessment scores if information is misrepresented.

Applicant's Signature:

Date (mm/dd/yyyy) :

Part B

To be completed by Parent/Guardian

I certify the following:

The individual named above has my legal consent to waive his/her right to attend a local school. I have officially withdrawn this individual from the school of residence, day school or educational program. I further consent to his/her participation in taking a high school equivalency assessment. I understand that the New Jersey Department of Education reserves the right to invalidate these test scores if information submitted on this form is misrepresented. The signature below confirms the previous statements.

Parent/Legal Guardian's Signature:

Date (mm/dd/yyyy):

Name (print if filling out by hand):

Address:

City:

State:

Zip Code:

Name of last school district:

Address of last school district:

Date of withdrawal from school (mm/dd/yyyy):

Name of Chief Examiner (print):

Chief Examiner Signature:

Date:

If the **parent/guardian does not/cannot accompany** the test taker to the testing center, the Consent to Participate form **must** be signed by the parent before a New Jersey Notary. The student can then take the notarized form to the chief examiner at the test center.

NEW JERSEY NOTARY PUBLIC ACKNOWLEDGEMENT

THE STATE OF NEW JERSEY

COUNTY OF: _____

On _____, 20__ before me, _____ Notary Public in and for said county personally appeared _____ (signer/witness) who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above referenced document.

(Affix Notary Stamp Here)

Notary Public Signature

My Commission Expires: _____