



THE HOLMES COUNTY SCHOOL DISTRICT
DEPARTMENT OF STUDENT SERVICES

PRINT (IN INK) OR TYPE

General Educational Development (GED®) Age Waiver Application

A candidate for the GED® test shall be at least 18 years of age on the date of examination, except in extraordinary circumstances as determined by the Superintendent or his/her designee, said candidate may take the examination after reaching the age of 16 years. Extraordinary circumstances may include but are not limited to, the following: *An individual with medical or psychological problems; A recommendation from an appropriate court of law; Economic or personal hardship, authority: 1003.435 FS.*

Application approval or disapproval is governed by the School District of Holmes County County policy 4.14* and Florida Statutes §1003.435 and § 6A-6.0201.

Application items include (in addition to this form):

- GED Ready™: The Official Practice Test with scores of 145 or above on each subject.
- Copy of withdrawal from last school attended.
- Florida GED® Testing Program Underage Waiver Form (top section filled out).
- Supporting documentation as listed in the Application Form below.

Completed applications can be delivered to: The Holmes County School District, Department of Student Services, 701 East Pennsylvania Ave, Bonifay, FL 32425.

NAME (first, middle initial, last)		AGE	BIRTH DATE (mm/dd/yyyy)	SOCIAL SECURITY NO. (optional)	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
ADDRESS			CITY	STATE	ZIP CODE
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work May we text you?		<input type="checkbox"/> Yes E-MAIL ADDRESS (REQUIRED)		
<input type="text"/>			<input type="text"/>		
LAST SCHOOL ATTENDED		WITHDRAWAL GRADE LEVEL	NAME OF ADULT EDUCATION SCHOOL		
<input type="text"/>		<input type="text"/>	<input type="text"/>		

I am applying for an age waiver for the following reason: (check one)

- I am a home education student and have withdrawn from the program with a Notice of Termination completed on www.hdsb.org/parents. (Attach a copy of the Notice of Termination)
- I am married and must work full-time. (A copy of marriage license must be attached.)
- I have a medical or psychological problem and cannot attend school. (A doctor's statement documenting the illness/disability must be attached.)
- I am under the supervision of a court of law or enrolled in an alternative school and it is recommended that I be granted an age waiver. (A letter from the court or from a school principal must be attached.)
- For economic reasons: The economic situation in the family requires that I work full-time. (A letter from your employer and a letter from a parent/guardian documenting economic hardship must be attached.)
- None of the above apply; however, I request that my extraordinary circumstances be considered. (A letter explaining the circumstances and appropriate documentation must be attached.)

I affirm under oath that the above statements and the attached documentation are true and correct to the best of my knowledge. I am aware that submission of this application does not necessarily mean it will be approved. Furthermore, I hereby give permission for the Holmes County School District to obtain my GED® scores for the purpose of data collection.

Signature of Parent/Guardian

Date

Signature of Applicant

Date

STATE OF FLORIDA, COUNTY OF HOLMES

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20__ by _____
(name of person making statement).

Who is personally known to me or who produced as identification _____.

Signature of Notary Public – State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public,
Commission Number and Expiration Date