

PINELLAS COUNTY SCHOOLS  
**GED PERMISSION FORM FOR APPLICANTS UNDER 18 YEARS OF AGE**

\_\_\_\_\_ is eligible to apply to take the GED test.  
Name

This student:

- Is a resident of Pinellas County with a government issued ID
- Has been counseled as to the educational alternative appropriate to the student's needs
- Has reached the age of 16 Birthdate: \_\_\_\_\_
- Has in range CASAS scores and is enrolled in GED® Course, 9900135 with a minimum of 10 attended hours
- GED® Ready Practice Test administered in a PCS Adult Education proctored setting
- Scores of 150 or above on all 4 sections. GED® Ready Score printouts must be attached.

\_\_\_\_\_  
Teacher Signature

Date \_\_\_\_\_

**AND 1 of the following 3 applies: (Check as appropriate)**

- \_\_\_\_\_ 1. Cohort group has already graduated.
- \_\_\_\_\_ 2. The student is enrolled in a dropout prevention program, GED or dropout retrieval, exceptional student program funded by FEFP, or is court-ordered to a GED class.

\_\_\_\_\_  
School Administrator Signature

Date \_\_\_\_\_

**OR**

- \_\_\_\_\_ 3. The student is experiencing extraordinary life circumstances (married, parent, sole income source, etc.) and has written approval from the appropriate Region Office Assistant Superintendent.

\_\_\_\_\_  
Assistant Superintendent Signature

Date \_\_\_\_\_

I give permission for my son/daughter, whose name appears above to take the GED test. I understand that upon passing the test, he/she will be considered a high school graduate and will not be eligible to attend a public high school in Florida (excluding Adult high school).

\_\_\_\_\_ N/A  
\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

Date \_\_\_\_\_