Adult Ed Youth Program: Procedures for Enrollment  
(for prospective 16 year-old students)  
2019-2020

PLEASE NOTE: The cutoff date for accepting applications will be Thursday, March 26, 2020.

Policies, rules, and regulations for public education in the State of South Carolina are found in the Defined Minimum Program for South Carolina School Districts. In regard to enrollment in Adult Education program, this document states:

Membership shall be limited to individuals who are 17 years of age or over and have left the elementary or secondary school, except when the local school board assigns students less than 17 years of age who are not officially in membership in a regular school. These students may be assigned to one or more classes of an adult education program when (1) they exhibit an unusual educational need or (2) they exhibit physical, social, or economic problems that can be served more effectively by the adult education program. **No student under the age of 16 may be assigned to the adult education program.**

For individuals who are 16 years of age to be considered for assignment to Adult Education by the local school board, the Darlington County School District has established the following procedures:

- The Youth Program is held at both the Darlington and Hartsville sites. Free transportation, breakfast, and lunch will be provided.
- Students are responsible for the **$30 Adult Ed registration fee** as well as any unresolved fees or fines at their high school.
- Students requesting to enter the Adult Education Youth Program must fully complete the Adult Education Youth Enrollment Application (attached). **Incomplete forms will not be accepted.**
- Students and a parent/guardian should contact the principal and/or guidance counselor of the last school they attended to request an appointment to discuss student’s possible transfer to the Adult Education Program. The completed application packet should be presented to the principal at this time.
- After the meeting at the home school, the principal/guidance counselor will forward the student’s form and his/her recommendation to the Adult Ed office.
- Adult Ed staff will contact the parent/guardian to schedule an interview for admittance into the program. At the completion of the interview, Adult Ed will make the final recommendation to the Darlington County School Board of Education.

*Adult Education classes have limited space in the Youth Program. Students who fail to attend on a regular basis or show little effort will be dismissed from the program in order to provide opportunities for other students.*

For further information, please call the Office of Adult Education at 843-398-2856.
Adult Education Youth Enrollment Application
(for prospective 16 year-old students)

Students: Please complete this form in blue ink. Incomplete forms will not be accepted.
Note: Please attach a copy of the student’s SC drivers’ license or photo I.D. to this application.

Date: __________________________ Date of Birth: __________ Age: ______
Name of Student: __________________________________________ Date of Birth: __________ Age: ______
Name of Parent/Guardian: __________________________________ Phone: __________________
Mailing Address: __________________________________________
City: __________________________________________ State: ______ Zip Code: ________________

If Currently In School:
Name of School: __________________________________________ Grade: ______
If Not In School:
Last School Attended: ______________________________________
Date Last Attended: __________________________________________ Grade Completed: __________
Reason for Leaving: ______________________________________ Explanation: __________________

Educational History:
Tell about your school experience. List activities that you participated in, grades repeated, disciplinary actions against you, and relationship with teachers/other students: ________________________________________________________________

Offences:
Do you have a record with Family Court? Yes___ No___ If yes, explain: __________________

Reasons For Seeking Permission To Enter Adult Education:
Explain why you want to attend Adult Education classes rather than remain in the regular school program. ________________________________________________________________

What are your educational and career goals? ________________________________________________________________

STUDENT COMMITMENT STATEMENT:
Having a high school credential (diploma or GED) is very important to me. If allowed to enroll in Adult Education, I will attend regularly, and I will work diligently to improve my skills. I pledge to conduct myself in a responsible manner in the Adult Education Program and abide by the Adult Ed Student Guidelines.

________________________ Signature of Student

PARENTAL AGREEMENT:
I feel that the Adult Education Program can best meet the educational needs of my child. I request permission for him/her to enroll and will provide my support to him/her, as well as the Adult Education Program and personnel.

________________________ Signature of Parent/Guardian

REVISED JUNE 2019
Principal’s Recommendation
(for prospective 16 year-old students)

School’s Checklist: (Please check off after attached.)
- AE Youth Enrollment Application
- Verification of Withdrawal from SC Schools
- Home School Verification of Withdrawal Form
- Principal’s Recommendation
- Transcript
- AE Transcript Request Form

Principals: ALL of the above documents are needed in order for this to be a complete packet. Incomplete packets will not be accepted.

Please complete in blue ink. After completion, the complete packet should be submitted by the principal or their designee to the Office of Adult Education.

Date: __________________________

From: __________________________

The following student has requested permission to enroll in Adult Education:

Name of Student: __________________________

Date of Birth: ___________  SUNS ID Number: _______________  PowerSchool Transfer Code: ______

Name of Parent/Guardian: __________________________

Overview of Student’s School History: A copy of the student’s record must be attached. (Please attach the student’s transcript as well as any other pertinent information, including IEPs/BIPs, if applicable).

________________________________________________________________________
________________________________________________________________________

Enrollment Recommendation: (Check one)

_____ I recommend this student for enrollment in Adult Education.

_____ I do not recommend this student for enrollment in Adult Education.

Reason for the above recommendation:

________________________________________________________________________
________________________________________________________________________

Comments:
(Please make any additional comments that are relevant to this situation.)

________________________________________________________________________
________________________________________________________________________

Signature of Counselor __________________________  Date __________________________

Signature of Principal __________________________  Date __________________________

REVISED JUNE 2019
VERIFICATION OF WITHDRAWAL FROM South Carolina SCHOOLS
GED* TESTING OFFICE
SOUTH CAROLINA DEPARTMENT OF EDUCATION

GED* applicants under the age of 19 and any applicant 19 or over who has been enrolled in a South Carolina school during the current school year must complete this form and submit it to the GED* Testing Office. This form must be emailed or faxed to the appropriate a GED* Testing Office.

Section I: APPLICANT

Complete Section I and submit to the school principal or attendance supervisor of the last South Carolina school that you attended, not including adult education. Type or print in ink.

Applicant’s Name ___________________________ (Last) ___________________________ (First) ___________________________ (Middle)

Social Security Number ___________ / ___________ / ___________ Date Of Birth ___________

(Today’s Date) ___________ (Signature of Applicant)

Please provide your email: This is the only way we will contact if this form is incorrect:

Email address

Section II: SOUTH CAROLINA SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR

Section II of this form is to be completed by either the school principal or attendance supervisor of the South Carolina school attended by the applicant. Once this section is completed, return the original copy to the applicant. Please retain a photocopy for the school records. This form may not be used by non-South Carolina schools. Type or print in ink

School Name ___________________________ BEDS Code/SIDN ___________________________

The official withdrawal date for the individual listed above is ___________ (Month) ___________ (Day) ___________ (Year)

I certify that the information in Section I of this application has been verified and is correct. ___________________________ ___________________________ ___________________________

Signature of School Principal or Signature of Attendance Supervisor Telephone

Section III: FOR HOME SCHOOL APPLICANTS

Section III of this form is to be completed by the administrator of the home school association. Once this section is completed, return the original copy to the applicant. Please retain a photocopy for the association records. Type or print in ink

Name of Home School Association ___________________________ Telephone ___________________________

Address: ___________________________ ___________________________ ___________________________ ___________________________

(No. Street) (City) (State) (Zip)

I certify that the information in Section I of this application has been verified and is correct. I also verify that the student listed above withdrew from our home school program on: ___________________________ ___________________________ ___________________________

(Month) (Day) (Year)

Signature of Home School Administrator ___________________________ Title ___________________________ Today’s Date ___________________________

No applicant under the age of seventeen may take the GED* examination, unless they meet specific State requirements. Please contact the GED* Testing Office for details. No one under the age of sixteen may take the GED examination for any reason.

Attention School Principal, Attendance Supervisor, or Home School Administrator:
If you have any questions about the completion of this form, please call the GED* Testing Office at 800-277-7323 or 803-734-8347 in the Columbia area.
ADULT EDUCATION TRANSCRIPT REQUEST FORM

Please PRINT or TYPE and provide ALL requested information.

ATTN: RECORDS DEPARTMENT

Name of School Last Attended: ____________________________________________________________

School’s Street Address: ________________________________________________________________

City: ___________________________ State: _________ Zip Code: ___________________________

Name: (Last)____________________ (First)____________________ (Middle)__________ (Maiden)__________

*Social Security Number: __________________________ Date of Birth: _______________________

*Social Security Number will be used only for annual reporting to the State Department of Education and for no other purpose.

Name Used In School: _________________________________________________________________

Present Address: _________________________________________________________________

City: ___________________________ State: _________ Zip: _______ Phone Number: _____________

Last Year Attended School: _______ Graduated? Yes/No _______ If Yes, Year: _________________

Date Enrolled In Adult Education: __________________________

AE Program: (Check One) _____ High School Diploma ______ GED Program

Please release transcript to:
Darlington County School District
Office of Adult Education
BA Gary Educational Complex
100 Magnolia Street
Darlington, South Carolina 29532

I authorize the institution named above to release my transcript based on the information provided.

Signature of Adult Student ___________________________ Date ____________________________

Instructor ____________________________
Center ____________________________

Revised July 2017
AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission for the release of my employment and post-secondary school information by the following agencies to the South Carolina Department of Education (SCDE). I understand that my social security number will be used by the SCDE as well as Adult Education’s state & local partner agencies. My social security number will not be released to any other third party.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Release to Data Match Agency:</th>
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<tr>
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<td>S.C. Dept. of Employment and Workforce</td>
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<tr>
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<td>P. O. Box 995, 1550 Gadsden St.</td>
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<td>Columbia, SC 29202</td>
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<tr>
<td></td>
<td></td>
<td>Phone No (803) 737-2588, Fax No (803) 737-0140</td>
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<td></td>
<td></td>
<td>Post-Secondary Institutions (to include but not limited to):</td>
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<td>S.C. Technical Colleges or the Commission on Higher Education</td>
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</table>

I give permission to the Adult Education program listed above to release my academic, attendance, and/or assessment information (including High School Equivalency Diploma Test Scores) to the following:

<table>
<thead>
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<th>Yes</th>
<th>No</th>
<th>Release To:</th>
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<td>Military Recruiters</td>
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<td>Potential Employers</td>
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<td>Parent/Guardian</td>
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<td></td>
<td>Other:</td>
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</tbody>
</table>

Student’s Name Printed ___________________________ Social Security Number: ___________________________

Student’s Signature: ___________________________ Signature of Student ___________________________ Date ____________

Parent’s Signature: ___________________________ Signature of Parent (if student is under age 18) ___________________________ Date ____________

This page for permanent folder only - DO NOT COPY for teacher or student folder.