



**Darlington-Lee Adult Education**  
**B. A. Gary Educational Complex**  
**100 Magnolia Street, Darlington, SC 29532**  
**(843) 398-2856 PHONE (843) 395-8944 FAX**

---

**Adult Ed Youth Program: Procedures for Enrollment**  
**(for students 16 and 17 years old)**  
**2018/2019**

**PLEASE NOTE: Last date to accept 17 year-old applications, March 6, 2019.**  
**Last date to accept 16 year-old applications, March 28, 2019.**

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 18 years of age or over and have left the elementary or secondary school, *except when the local school board assigns students less than 18 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 under 18 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. Students are responsible for their own transportation to and from school.
- 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, Verification of Withdrawal From SC Schools, and Adult Education Transcript Request Form (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 Darlington-Lee Adult Education.
- 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 students 16 and 17 years old)

**Students: Forms should be completed in blue ink. Incomplete forms will not be accepted.**

**Note: Please attach a copy of the student's SC driver's license or photo I.D. to this application.**

Date: \_\_\_\_\_

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



# Principal's Recommendation (for students 16 and 17 years old)

<b>School's Checklist: (Please check off after attached.)</b>	
<input type="checkbox"/> AE Youth Enrollment Application	<input type="checkbox"/> Principal's Recommendation
<input type="checkbox"/> Verification of Withdrawal from SC Schools	<input type="checkbox"/> Transcript
<input type="checkbox"/> Home School Verification of Withdrawal Form	<input type="checkbox"/> 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





**Darlington-Lee County School District**

B. A. Gary Educational Complex  
100 Magnolia Street, Darlington SC 29532  
Phone: (843) 398-2856 FAX: (843) 395-8944

**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 _____