Horry County Schools Adult Education Program

Underage Confirmation Packet



Date:	Base High School:		
First Name:	Middle:	Last Name:	
Date of Birth (MMDDYYYY)	:		
Home Address:			
Parent Name:		Phone Number:	
Parent please initial each	statement below:		
I am in support o	f my child attending adult	education.	
I understand that	I must provide transport	ation.	
I understand that Failure to comply will resul	•	is a minimum of 20 hours of a	ittendance per week.
I have a withdrav	val form from my child's l	ast school of attendance. (Attac	ch form)
I understand my	child will apply for WIOA	Youth Program through Adult E	ducation.
I must meet wit procedures.	th the Adult Education	Director or Designee concern	ing expectations and
Parents please describe wh child.	y you think adult educatio	on would be the most appropria	te placement for your
According to South Car		ons, ALL 16 and 17 year old muserintendent or designee.	t be approved by
except when the local school board a under eighteen may be assigned to economic problem that can be serv	ssigns students under the age of eig an adult education program wher wed more effectively by the adult	eighteen years of age or older who have lef ghteen who are not officially in membership n they exhibit either an unusual education education program. Schools should pro . No student under age sixteen may be as	o in a regular school. Students al need or physical, social, or vide counseling regarding all
Student Signature	Date	Parent Signature	Date
Superintendent/Designee Signature	 Date	HCS Adult Education Director	 Date

If you have any questions concerning the progress of the Superintendent's approval, please call Sheri Rabon at 843-488-6206 or Ms. Velna Allen's office at 843-488-6767