

Verification of Withdrawal from South Carolina Schools
Office of Adult Education
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 South Carolina Department of Education. You must register at GED.com prior to sending this form. *This form must be emailed to the SCDE-Office of Adult Education. Email: vow@ed.sc.gov.*

Section I: Applicant *(Please review this section prior to sending)*

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

Applicant's Name (Please write legibly)

_____ (Last)

_____ (First)

_____ (Middle)

Date of Birth _____

Email Address: _____

_____ (Today's Date)

_____ (Signature of Applicant)

Section II: South Carolina School Principal or Attendance Supervisor *(Please review this section prior to sending)*

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.

_____ Today's Date

_____ Signature of School Principal

or

_____ Signature of Attendance Supervisor

_____ Telephone

Section III: For Home School Applicants *(Please review this section prior to sending)*

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 South Carolina Department of Education 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 Office of Adult Education at 803-734-8349 in the Columbia area.