

Lexington County School District One
UNDERAGE WAIVER REQUEST FOR YOUNG ADULT PROGRAM

DEFINED MINIMUM PROGRAM STANDARDS:

(Adult Education) "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 which can be served more effectively by the adult program." **State Dept. of Education ASSURANCES:** "No one under the age of 16 is assigned to the program (Adult Education) for any reason."

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

SS Number: _____ Marital Status: _____ Phone: _____

Last School Attended: _____ Last Grade Completed: _____

Why are you applying for admission to the Young Adult Program? _____

Student Signature: _____ Date: _____

I understand that my child must be approved by the Lexington County School District One Board before he/she can attend the Young Adult class.

Parent/Legal Guardian Signature: _____ Date: _____

For the school counselor to complete: (Check the criteria that apply):

- | | |
|--|---|
| <input type="checkbox"/> Missed too many days/failing for year | <input type="checkbox"/> Must work to help family |
| <input type="checkbox"/> Too old for grade placement | <input type="checkbox"/> Has already dropped out of school |
| <input type="checkbox"/> Repeated grade several times | <input type="checkbox"/> Unacceptable home situation |
| <input type="checkbox"/> Has a child | <input type="checkbox"/> 17 yr. old who is not living at home and is supporting him/herself |

Provide specific details: _____

Note: If the student is in special education, there must be an IEP meeting to determine if AE is an appropriate placement. Spec. Ed. students cannot be accepted into AE without this meeting.

I recommend this student for enrollment in the Young Adult Program.

School Counselor's Signature: _____ Date: _____

For the high school principal to complete:

I certify that this student is not under expulsion, nor facing expulsion, from this school:

Principal's Signature: _____ Date: _____

For Adult Education to complete:

I recommend this student for Lexington County School District One Board approval.

YA Coordinator's Signature: _____ Date: _____

Lexington County School District One Board approval granted on: _____