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. The original white copy of this document, the GED application, and testing fee must be submitted to the GED Testing Office. ***This form must be mailed in with the GED application.***

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)**

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. _____
Today's Date

_____ _____ _____
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.