CONSENT OF NON-ENROLLMENT IN SCHOOL FOR 16 TO 21 YEAR OLDS

NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workforce Grant and Program Management
Adult Education and Literacy Services
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Chris Christie
Governor

Harold J. Wirths
Commissioner

Instructions: This form must be completed by any 16 to 21 year old individual who is currently not enrolled in a public/private high school and interested in participating in a WIOA Title II funded Adult Basic Skills and Integrated English Literacy and Civics Education Program and presented to the WIOA Title II program provider prior to beginning a class. This form must also be signed by a parent/guardian for 16 and 17 year olds. **Please be advised that this signed consent form may be provided to your current school district.** For any questions, contact the New Jersey Department of Labor and Workforce Development at (609) 292-9722 or visit our website at http://jobs4jersey.com/jobs4jersey/jobseekers/training/wiaresources.html.

PART A: ► TO BE COMPLETED BY APPLICANT

Current School District: _____

_____ _____ _____ _____
First Name **Middle Initial** **Last Name** **Social Security Number**

_____ _____ _____ _____
Address **City** **State** **Zip Code**

Telephone: _____ **Date of Birth:** _____ _____ _____ **Age:**_____
Month **Day** **Year**

I certify the following: I am at least 16 years of age. I am not currently enrolled in school. I have not graduated from an accredited high school in the United States or Canada. I have not previously earned a State-issued high school diploma. I certify that I am eligible to participate in the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program and that the information provided is accurate. I understand that if the information is misrepresented, the program provider can refuse to accept me into the program.

Applicant's Signature: _____ **Date:** _____

Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN

I certify the following: The individual named above has my legal consent to waive his/her right to attend a local school. I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system. I further consent to his/her participation in the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program.

Parent/Legal Guardian's Signature: _____ **Date:** _____
Print Name: _____ **Phone:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____