CERTIFICATE OF CONSENT TO PARTICIPATE FORM
High School Equivalency Testing

NEW JERSEY DEPARTMENT OF EDUCATION
Division of Teacher and Leader Effectiveness
Office of Certification/Induction/ High School Equivalency Testing
PO Box 500
Trenton, New Jersey 08625-0500
Phone: 609-777-1050
Fax: 609-984-0573

Chris Christie
Governor

Christopher D. Cerf
Commissioner

Instructions: This form must be completed by any 16 and/or 17 year old individual who is currently not enrolled in a public/private high school and interested in taking the Adult Education Assessment. This form must be signed by a parent/guardian and presented to the Chief Examiner when registering for the Assessment. **Please be advised that this signed consent form will be provided to your current school district, if you want to take the High School Equivalency Assessment this is mandatory.** For any questions, contact the New Jersey Department at (609)777-1050 or adulted_info@doe.state.nj.us or visit www.state.nj.us/education/adulted.

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 or earned scores sufficient to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable). I certify that I am eligible to take the High School Equivalency Assessment and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the Tests. In addition, the New Jersey State Department of Education reserves the right to invalidate the Assessment scores if information is misrepresented.**

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 I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system.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 taking the High School Equivalency Tests. I understand that the New Jersey State Department of Education reserves the right to invalidate these Test scores if information submitted on this form is misrepresented. The signature below confirms the previous statements.**

Parent/□Legal Guardian's Signature: _____ **Date:** _____
Print Name: _____ **Phone:** _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Name of last school district: _____ **Last school address:** _____
Date of withdrawal from school: _____ **School Tel #:** _____ **School Fax #:** _____
School Email Address: _____