APPLICATION FOR EXCEPTION TO REQUIREMENT
FOR GENERAL EDUCATION DEVELOPMENT TEST (GED)

PLEASE PRINT

STUDENT'S NAME _____ **SOC. SEC.NO** _____
ADDRESS _____ **ZIP CODE** _____
STUDENT # _____ **DATE OF BIRTH** _____ **PHONE** _____
LAST SCHOOL ATTENDED _____ **GRADE** _____

REASON FOR REQUEST

The student is enrolled in the District's GED/Exit Option or withdrawing from school to take the General Education Development (GED) test.

- **Student must also be at least 16 years of age and not more than 17. (Waiver is not needed if student is18 year old.)**
- **STUDENT MUST MEET AT LEAST ONE OF THE REQUIREMENTS BELOW:**

QUALIFYING CONDITIONS AND INSTRUCTIONS

MEDICAL CONDITION **-** Must present medical evidence from one or more attending physicians attesting to the fact that said student is unable to attend school on a FULL-TIME BASIS **Attach letter from doctor on letterhead** .

FINANCIAL HARDSHIP **-** Must present documented evidence of a financial hardship condition, which prohibits the student from full-time attendance in school. **Attach letter from parent or guardian to the Director for review .**

UNDUE HARDSHIP - Must be supported by documented evidence explaining the unusual nature of hardship**, Attach letter from DCF, Principal, Court Order, Parent, ETC.**

I grant permission for the above named student to apply for a waiver.

_____ _____
PARENT OR GUARDIAN SIGNATURE **DATE**

_____ _____ _____
Approved **Not Approved** **Kris Larsen, Supervisor** **Date**

RETURN APPLICATION TO:

Kris Larsen, Supervisor
Multiple Pathways and Support Services
1701 Prudential Drive
Jacksonville, Florida 32207

Phone: (904) 390-2476
Fax: (904) 390-2075