

DOCUMENTATION OF WITHDRAWAL FROM SCHOOL

GED® Testing

Kentucky Adult Education



Submit this documentation through any of the following methods:

1. Email a scanned copy to: GED@KY.gov
2. Mail to: Kentucky GED Testing, 1024 Capital Center Dr., Ste 250, Frankfort, KY 40601
3. FAX to: 502-696-5863



The Kentucky GED® eligibility regulation (13 KAR 3:050) requires all those under the age of 19 to be the legal age of withdrawal for the school district where they currently reside and to be withdrawn from public or private school for at least ninety days as certified by the local district or meet other requirements.

Section 1: Applicant

Name (Last, First, Middle Initial or Maiden Name)		
Date of Birth (Month/Day/Year) □□/□□/□□□□	Age at application	Social Security Number □□□-□□-□□□□
Current Address (Street/Number/Apartment)		
City	State	Zip Code
Phone □□□/□□□-□□□□	Email Address	
Name of school district where you currently live:		

- If you withdrew from school, please have the school district where you currently live **complete Section 2.**
- If you were Homeschooled, please have your homeschool parent and the local school district **complete Section 3.**
- If you request a waiver of the 90-day wait period, please have the superintendent or designee **complete Section 4.**
- If you are a state agency child or in a juvenile detention center or school, please have the superintendent or designee **complete Section 5.**
- If you are enrolled in a Job Corps program, ChalleNGe Academy, or are incarcerated in an adult institution, please call 800-928-7323 or email GED@ky.gov for documentation requirements.

Section 2: Certification of Withdrawal from Public or Private School by the Local School District

School Name: _____	
Address: _____	
The official school withdrawal date for the applicant listed above is:	(Month/Day/Year) Withdrawal date □□/□□/□□□□
_____ Signature of Director of Pupil Personnel	_____ Date Signed
OR	
The applicant named above currently resides in this school district and has not been enrolled the last 90 calendar days or more or has never been enrolled. If certification can be made for less than 90 calendar days, please indicate the last known enrollment date:	(Month/Day/Year) Last known enrollment date □□/□□/□□□□
_____ Signature of Director of Pupil Personnel	_____ Date Signed

Applicant Name (Last, First, Middle Initial or Maiden Name)		
Date of Birth (Month/Day/Year) □□/□□/□□□□	Age at application	Social Security Number □□□-□□-□□□□
Current Address (Street/Number/Apartment)		
City	State	Zip Code

Section 3: Homeschool Applicants

The applicant named above has an address in this school district. I certify the applicant is not currently enrolled in this school district. Check the box that applies.

- The applicant has not been enrolled in this school district for 90 calendar days or more or has never been enrolled.
- The applicant has a known enrollment date that is less than 90 calendar days, which is as follows:

Date of last known enrollment : □□/□□/□□□□ (Month/Day/Year)

Signature of Director of Pupil Personnel: _____

Name of School District: _____ Date: _____

AND

In accordance with Kentucky GED® testing policy, I am certifying that my child is the legal age of withdrawal for the school district where we live and that I am no longer homeschooling my child (the applicant named above).

Date of Completion or End of Homeschool: □□/□□/□□□□ (Month/Day/Year)

I understand that my child must be the legal age of withdrawal for the school district where we live and have completed or ended homeschool for at least 90 days to be eligible to take the GED® test, or, if it has been less than 90-days, obtain a waiver of the 90-day wait period from the local school superintendent.

Signature of Homeschool Parent: _____ Date: _____

Section 4: Waiver of 90-day Wait Period

Name of school district where student currently lives: _____ County: _____

Address and City: _____

I am granting a waiver of the 90-day school withdrawal to the applicant named above for employment, postsecondary enrollment, medical reason, family circumstance, or other.

Print Name and Title: _____ Date: □□/□□/□□□□

Signature of Superintendent or Authorized Designee: _____

Section 5: State Agency Child or Youth in Juvenile Detention

Name of school district where the student currently resides: _____ County: _____

I grant permission to take the GED® test to the applicant named above who is in the selected exempt group listed below:

- State agency child**--must have the local school superintendent sign below **and** submit a letter documenting that the Service Region Administrator or designee has been notified of the intent to take the GED® test.
- Youth in juvenile detention center or school under the Department for Juvenile Justice**--must have the local school superintendent sign below **and** submit an additional DJJ-GED® form. Email GED@ky.gov to request the form.

Print Name and Title: _____ Date: □□/□□/□□□□

Signature of Superintendent or Authorized Designee: _____