

GED Youth Waiver Request

Before testing, submit this completed form to the testing center where the student intends to test.
Testing centers are listed on [GED.com](https://www.ged.com). If testing online, email completed form to: lori.gibson@cte.idaho.gov

Student Information:

Student Name: _____ Date of Birth: _____ Phone: _____
(mm/dd/yyyy)

Part 1: Homeschooled Students

- ☐ Check the box if the student named above is homeschooled. School of previous enrollment approval is not required for homeschooled students. **Skip to Part 3.**
(Please note: No homeschooling documentation is required for a parent to declare a child is homeschooled for purposes of this waiver).

Homeschool or parent name: _____

Last Grade Completed: _____ Withdrawal Date: _____

Part 2: Completed by high school of previous enrollment (not applicable if homeschooled)

Pursuant to IDAPA 08.02.01.50.02, the State Board of Education mandates that GED applicants ages 16 and 17 must submit to the GED testing center written verification of withdrawal from the last school attended, unless homeschooled, and meet one of the following criteria before GED testing. **Check as applicable:**

- ☐ Behind one year or more in credits earned
☐ Expelled, or on recommendation of the school
☐ Pregnant or a parent
☐ Entering college, military service, or an employment training program
☐ Enrolled in an adult education or Job Corps program
☐ Incarcerated

Students do not need proof of enrollment in college, military service, employment training, adult education, or Job Corps programs.

To the best of my knowledge, the above-named student meets one or more of the criteria noted and has requested GED testing. As the principal or school counselor noted below, I have met with the student and the student's parents or guardians to discuss the student's participation in GED testing. I also certify that the student is not enrolled in school.

Principal/school counselor name (please print): _____

Principal/school counselor signature: _____

Title: _____ Date: _____ Last Grade Completed: _____

School Name: _____

Part 3: Student and Parent or Guardian Signatures

We, the student and parent/guardian, request that the above-named applicant be approved for GED testing. We authorize the release of GED scores to the above named school when applicable.

_____ Name	_____ Student Signature	_____ Date
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_____ Parent/Guardian Name	_____ Parent/Guardian Signature	_____ Date
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