

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. For online testing, email completed form to lori.gibson@cte.idaho.gov.

| Student information | | |
|--|---|---|
| Student name: | | |
| Birthday (mm/dd/yyyy): | | |
| is not required for homeschoole | | |
| Last grade completed: | Withdrawal date: | |
| Pursuant to IDAPA 08.02.01.50.02, the 17 must submit to the GED testing cen unless homeschooled, and meet one o Behind one year or more in credit Expelled, or on recommendation Pregnant or a parent | n of the school e, or an employment training program | t GED applicants ages 16 and the last school attended, |
| Students do not need proof of enrollme Job Corps programs. | ent in college, military service, employmen | it training, adult education, o |
| requested GED testing. As the principa student's parents or guardians to discustudent is not enrolled in school. | e-named student meets one or more of the or school counselor noted below, I have rest the student's participation in GED test | met with the student and the ing. I also certify that the |
| | se print): | |
| Principal/school counselor signature: _ Title: School name: | Date:Last grade | completed: |
| Part 3: Student and parent or guardiar We, the student and parent/guardian, | | be approved for GED testing. able. |
| Student name | Student signature | Date |
| Parent/guardian name | Parent/guardian signature | Date |

*No homeschooling documentation is required for a parent to declare a child is homeschooled for purposes of this waiver.