



Adult Basic Skills Program

WAIVER FOR MINOR STUDENTS FOR PLACEMENT in
South Piedmont Community College ADULT EDUCATION PROGRAM
(Does not include students who are under long-term suspension)

STUDENT: Last First Middle

ADDRESS: Street City State Zip

Social Security #: Date of Birth:

Last School Attended: Date Withdrawn:

I hereby certify that I am the parent, legal guardian or have legal custody and control of the minor applicant named above. I further certify that the information listed is correct and I that I hereby petition this minor's admission to any program of studies at SOUTH PIEDMONT COMMUNITY COLLEGE for which other admission requirements are met.

I understand that such admission will not pre-empt college facilities and staff to such an extent as to render the adult education program unable to admit all applicants who have not graduated from high school and who are 18 years of age or older.

DATE Parent, Legal Guardian or other Signature

State of North Carolina County of:
On this day of 20 personally appeared before me that said named and known to me to be the person described in and who executed the foregoing instrument that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.
Notary Public (official seal)
Signature
My commission expires 20