

# ASHEVILLE-BUNCOMBE TECHNICAL COMMUNITY COLLEGE

## Division of Continuing Education

### REQUEST FOR COURSES AND TESTING SERVICES FOR MINORS (AGES 16 AND 17)

**Section A: REQUIRED INFORMATION FOR STUDENTS WHO HAVE DROPPED OUT OF SCHOOL**

I, \_\_\_\_\_, left school before I received my high school diploma and before I reached age 18.

(First Name) (Middle Name) (Last Name)

My social security number is \_\_\_\_\_. My birthdate is \_\_\_\_\_.

My mailing address is \_\_\_\_\_  
(Post Office Box or Street Address) My telephone number is \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip Code)

The last school I attended was \_\_\_\_\_ in \_\_\_\_\_ on \_\_\_\_\_.

(School Name) (City or County) (State) (Date)

I request permission to take the following courses or tests: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_

I want to request information on linking this education to my right to get or keep my driver's license: Yes  No   
If "yes," call 254-1921, Extension 433, for an appointment. Bring this form with you to the appointment.

Here is my signature: \_\_\_\_\_  
(Student's Signature) (Today's Date)

I have been out of school more than 6 months: Yes  No  If "no," stop here and take this form to your school's chief administrative officer (normally the principal) to complete Section B below.  
If "yes," get a parent, legal guardian or legal custodian to sign below while a notary public is watching.

The notary public is watching  my parent or  my legal guardian or  my legal custodian sign here agreeing that the information above is correct and that I can take these courses or receive these services.

\_\_\_\_\_  
(Signature of Parent, Legal Guardian or Legal Custodian) (Today's Date)

Signature of the Notary Public: \_\_\_\_\_  
*Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_*  
\_\_\_\_\_  
*My commission expires \_\_\_\_\_*  
(Notary's Signature)

**Section B: SCHOOL'S ADMINISTRATIVE OFFICER**

This is a current high school student  **OR** this student last attended school on \_\_\_\_\_.

(Date)

According to our records, all the information above is correct: Yes  No   
and we agree that the educational services listed above are a good educational option for this student. Yes  No

\_\_\_\_\_  
(Signature of School's Chief Administrative Officer or Designee) (Date)

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**Section C: REQUIRED INFORMATION FOR STUDENTS TAKING BOTH  
HIGH SCHOOL AND ABTECH COURSES**

I, \_\_\_\_\_, am still attending high school but I also  
(First Name) (Middle Name) (Last Name) want to be an ABTech student.

My social security number is \_\_\_\_\_. My birthdate is \_\_\_\_\_.

My mailing address is \_\_\_\_\_ My telephone number is \_\_\_\_\_  
(Post Office Box or Street Address)  
\_\_\_\_\_  
(City) (State) (Zip Code)

The high school I am now attending is \_\_\_\_\_ in \_\_\_\_\_  
(School Name) (City or County) (State)

I request permission to take the following courses or tests:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Here is my signature: \_\_\_\_\_  
(Student's Signature) (Date)

Here is the signature of my parent, my legal guardian or legal custodian:

\_\_\_\_\_  
(Signature of Parent, Legal Guardian or Legal Custodian) (Date)

Here is the signature of the Chief Administrative Officer (normally the Principal) of the school where I am earning course credits for my high school diploma. This signature verifies that I am taking (at this school or at this school and other schools) at least the equivalent of one half of a full-time schedule and making satisfactory progress toward graduation with my high school graduating class.

\_\_\_\_\_  
(Signature of School's Chief Administrative Officer) (Date)

Asheville-Buncombe Technical Community College is an Affirmative Action/Equal Opportunity Educational Institution