



Date (mm/dd/yyyy) :

Part B

To be completed by Parent/Guardian

I certify the following:

The individual named above has my legal consent to waive his/her right to attend a local school. I have officially withdrawn this individual from the school of residence, day school or educational program. I further consent to his/her participation in taking a high school equivalency assessment. I understand that the New Jersey Department of Education reserves the right to invalidate these test scores if information submitted on this form is misrepresented. The signature below confirms the previous statements.

Parent/Legal Guardian's Signature:

Date (mm/dd/yyyy):

Name (print if filling out by hand):

Address:

City:

State:

Zip Code:

Name of last school district:

Address of last school district:

Date of withdrawal from school (mm/dd/yyyy):

Name of Chief Examiner (print):

Chief Examiner Signature:

Date:

If the **parent/guardian does not/cannot accompany** the test taker to the testing center, the Consent to Participate form **must** be signed by the parent before a New Jersey Notary. The student can then take the notarized form to the chief examiner at the test center.

NEW JERSEY NOTARY PUBLIC ACKNOWLEDGEMENT

THE STATE OF NEW JERSEY

COUNTY OF: _____

On _____, 20__ before me, _____ Notary Public in and for said county personally appeared _____ (signer/witness) who has/have satisfactorily identified him/her/themselves as the signer(s) or witness(es) to the above referenced document.

(Affix Notary Stamp Here)

Notary Public Signature

My Commission Expires: _____