



**GED TESTING APPLICATION – FLORIDA HIGH SCHOOL DIPLOMA**

**AGE 16 – 17 OUT OF SCHOOL YOUTH**

**Student must first log in to [www.GED.com](http://www.GED.com) and create an account. Email on this form must be the same one you used to open your GED.com account with. Also, attach valid photo ID. EMAIL COMPLETED FORM TO: [martinj3@collierschools.com](mailto:martinj3@collierschools.com)**

Student’s last name \_\_\_\_\_ First name \_\_\_\_\_ M.I. \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DID YOU TAKE GED PREP CLASSES? \_\_\_\_\_ NAME OF INSTRUCTOR: \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Date of Withdrawal from School: \_\_\_\_\_

Withdrawal papers attached?  YES  NO Last grade level \_\_\_\_\_

STUDENT’S REASON FOR LEAVING SCHOOL: \_\_\_\_\_

STUDENT’S REASON FOR REQUESTING PERMISSION TO TAKE THE GED TEST: \_\_\_\_\_

**STUDENT:**

**I certify that I have withdrawn from school and wish to pursue the GED test for a [Florida High School Diploma](#).**

SIGNED: \_\_\_\_\_

**Students Signature**

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**PARENT’S APPROVAL:**

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_ do certify that (he/she) is a resident of Collier County, Florida. I also state that (he/she) has formally withdrawn from school, and I give consent for (him/her) to participate in the GED Testing Program according to the Collier County Public Schools policies and the State of Florida Regulations.

SIGNED: \_\_\_\_\_

**Parent or Guardian Signature**

Interviewer’s comments:      Approved      Disapproved      Administrator’s Signature