

LEXINGTON COUNTY SCHOOL DISTRICT ONE
Underage Waiver Request for Lexington One Adult Education Program

DEFINED MINIMUM PROGRAM STANDARDS OF LEXINGTON ONE ADULT EDUCATION:

"Membership shall be limited to individuals who are 18 years of age or over and have left the elementary or secondary school, except when the local school board assigns students less than 18 years of age who are not officially in membership in a regular school. These students may be assigned to one or more classes of an adult education program when (1) they exhibit an unusual educational need or; (2) they exhibit physical, social, or economic problems which can be served more effectively by the adult program." **STATE DEPARTMENT OF EDUCATION ASSURANCES:** "No one under the age of 16 is assigned to the Lexington One Adult Education program for any reason."

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

SS Number: _____ Marital Status: _____ Phone: _____

Last School Attended: _____ Last Grade Completed: _____

Why are you applying for admission to Lexington One Adult Education program? _____

Student Signature: _____ **Date:** _____

I understand that my child must be approved by the Lexington County School District One Board before he/she can attend the Lexington One Adult Education program class.

Parent/Legal Guardian Signature: _____ **Date:** _____

For the school counselor to complete: *(Check the criteria that apply)*

___ Missed too many days / failing for year

___ Must work to help family

___ Too old for grade placement

___ Has already dropped out of school

___ Repeated grade multiple times

___ Unacceptable home situation

___ Has a child

___ 17 yr. old who is not living at home
and is supporting him/herself

Provide specific details: _____

Note: If a student with disabilities receives support that includes an Individualized Education Plan, or IEP, our office will hold an IEP meeting to explore if Adult Education is an appropriate educational setting. Students that are served by special services cannot be accepted into AE without this meeting.

I recommend this student for enrollment in the Lexington One Adult Education Program.

School Counselor's Signature: _____ **Date:** _____

For the high school principal to complete:

I certify that this student is not under expulsion, nor facing expulsion, from this school:

Principal's Signature: _____ **Date:** _____

For Adult Education to complete:

I recommend this student for Lexington County School District One Board approval.

Adult Education Director's Signature: _____ **Date:** _____

Lexington County School District One Board approval granted on: _____