

New Jersey Adult Education Consent of Non-Enrollment in School for 16- to 21-Year-Olds

INSTRUCTIONS This form must be completed by any 16- to 21-year-old individual who is interested in participating in an Adult Basic Skills and Integrated English Literacy and Civics Education Program funded by WIOA Title II and who is currently not enrolled in a public or private high school. Program participants who are under 18 must have a parent or guardian sign this form. Program participants must present this form to the WIOA Title II program provider before starting a class.

We may provide this signed consent form to your current school district.

PART A ▶ *To be completed by APPLICANT*

First Name	Middle Initial	Last Name	Current School District
Street Address		Social Security Number	
City	State	ZIP Code	
Phone Number	Date of Birth	Age	

I CERTIFY that all of the following statements are TRUE:

√ I am at least 16 years of age. √ I am not currently enrolled in school. √ I have not graduated from an accredited high school in the United States or Canada. √ I have not previously earned a state-issued high school diploma.
 √ I am eligible to participate in WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program and that the information I provided is accurate. √ I understand that if the information is misrepresented, the program provider can refuse to accept me into the program.

Applicant's Signature _____ Date _____

PART B ▶ *To be completed by PARENT or GUARDIAN (if applicant is 16-17 years old)*

I CERTIFY that all of the following statements are TRUE:

√ The individual named above has my legal consent to waive their right to attend a local school. √ I have officially withdrawn this individual from the school of residence, day school or educational program and they cannot return to the public school system. √ I further consent to their participation in the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program.

Applicant's Signature _____ Date _____

Print Name	Phone	
Street Address		
City	State	ZIP Code