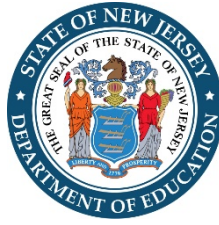


Certificate of Consent to Participate Form

Thirty College Credit Program



New Jersey Department of Education
Office of Career Readiness
Adult Education
PO Box 500
Trenton, New Jersey
08625-0500
Phone: 609/376-3883
Email: adulted@doe.nj.gov

Instructions

This form must be completed by any 16- or 17-year old individual who is currently not enrolled in a public/private high school and is interested in pursuing the 30-college credit route to a State-issued high school diploma. This form must be signed by a parent/guardian and presented, along with your application, to the New Jersey Department of Education. For any questions, contact the New Jersey Department at (609) 376-3883 or adulted@doe.nj.gov or visit [the NJDOE Adult Education webpage](#).

Part A: Applicant Information

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email address: _____

Date of birth (mm/dd/yyyy): _____ Age (years): _____

I certify the following:

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 or earned scores to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable). I certify that I am eligible to pursue the 30-college credit route to a State-issued high school diploma and that the information provided is accurate. I understand that if the information is misrepresented, the New Jersey Department of Education can refuse to accept the credits and not issue a State-issued high school diploma.

Applicant's Signature: _____

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 I have officially withdrawn this individual from the school of residence, day school or educational program.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 him/her pursuing the 30-college credit route to a State-issued high school diploma. I understand that the New Jersey Department of Education reserves the right to not accept the college transcript 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):