

# CONSENT OF NON-ENROLLMENT IN SCHOOL FOR 16 TO 21 YEAR OLDS



NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT  
Division of Workforce Grant and Program Management  
Adult Education and Literacy Services  
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Phil Murphy  
Governor

Robert Asaro-Angelo  
Acting Commissioner

**Instructions:** This form must be completed by any 16 to 21-year-old individual who is currently not enrolled in a public/private high school and interested in participating in a WIOA Title II funded Adult Basic Skills and Integrated English Literacy and Civics Education Program and presented to the WIOA Title II program provider prior to beginning a class. This form must also be signed by a parent/guardian for 16 and 17 year olds. **Please be advised that this signed consent form may be provided to your current school district.** For any questions, contact the New Jersey Department of Labor and Workforce Development at (609) 292-9722.

## PART A: ► TO BE COMPLETED BY APPLICANT

Current School District: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Month Day Year

**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. I certify that I am eligible to participate in the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program and that the information 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 (16-17 year olds)

**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 I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system. I further consent to his/her participation in the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_