



General Educational Development (GED®) Age Waiver Application

A candidate for the GED® test shall be at least 18 years of age on the date of examination, except in extraordinary circumstances as determined by the Superintendent or his/her designee, said candidate may take the examination after reaching the age of 16 years. Extraordinary circumstances may include, but are not limited to, the following: *An individual with medical or psychological problems; A recommendation from an appropriate court of law; Economic or personal hardship, authority: 1003.435 FS.*

Application approval or disapproval is governed by the School District of Palm Beach County policy 8.09 and Florida Statute §1003.435.

Application items include (in addition to this form):

- Copy of withdrawal from last school attended
- GED Ready™: The Official Practice Test with scores 150 or above on each subject
- [Florida Testing Eligibility Form](#) with the top section filled out
- Supporting documentation as listed in the Application Form below

Completed applications can be delivered to: The School District of Palm Beach County, Department of Adult and Community Education, GED® Testing Office, 4200 Purdy Lane, Bldg. 50-103, Palm Springs, FL 33461 or to one of our testing centers during regular testing hours.

NAME (first, middle initial, last)		AGE	BIRTH DATE (mm/dd/yyyy)	SOCIAL SECURITY NO. (optional)	
<input style="width: 95%;" type="text"/>		<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
ADDRESS			CITY	STATE	ZIP CODE
<input style="width: 95%;" type="text"/>			<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>
TELEPHONE NUMBER	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work May we text you?		E-MAIL ADDRESS (REQUIRED)		
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input style="width: 95%;" type="text"/>		
LAST SCHOOL ATTENDED	WITHDRAWAL GRADE LEVEL	NAME OF ADULT EDUCATION SCHOOL AND ADULT ED TEACHER			
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			

I am applying for an age waiver for the following reason: (check one)

- I am a home education student and have withdrawn from the program with a Notice of Termination completed on www.palmbeachschools.org/homeeducation. (Attach a copy of the Notice of Termination)
- I am married and must work full-time. (A copy of marriage license must be attached.)
- I have a medical or psychological problem and cannot attend school. (A doctor's statement documenting the illness/disability must be attached.)
- I am under the supervision of a court of law or enrolled in an alternative school and it is recommended that I be granted an age waiver. (A letter from the court or from a school principal must be attached.)
- For economic reasons: The economic situation in the family requires that I work full-time. (A letter from your employer and a letter from a parent/guardian documenting economic hardship must be attached.)
- None of the above apply; however, I request that my extraordinary circumstances be considered. (A letter explaining the circumstances and appropriate documentation must be attached.)

I affirm under oath that the above statements and the attached documentation are true and correct to the best of my knowledge. I am aware that submission of this application does not necessarily mean it will be approved. Furthermore, I hereby give permission for the School District of Palm Beach County to obtain my GED® scores for the purpose of data collection.

Signature of Parent/Guardian Date Signature of Applicant Date

STATE OF FLORIDA, COUNTY OF PALM BEACH	
Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20__ by _____ (name of person making statement).	
Who is personally known to me or who produced as identification _____.	
_____ Signature of Notary Public – State of Florida	_____ Print, Type, or Stamp Commissioned Name of Notary Public, Commission Number and Expiration Date