

# Verification of Withdrawal from South Carolina Schools

## Office of Career Readiness

### South Carolina Department of Education

GED® applicants who are under 19 years of age, as well as any applicant 19 or older who has been enrolled in a South Carolina high school during the current school year, must complete this form and submit it to the South Carolina Department of Education. You must register at GED.com prior to sending this form. *This form must be submitted via email to the SCDE Office of Career Readiness at [vow@ed.sc.gov](mailto:vow@ed.sc.gov).*

#### Section I: Applicant *(Please review this section prior to sending)*

Complete Section I and submit to the school principal or attendance supervisor of the last South Carolina school that you attended, not including adult education. **Type or print in ink. Please provide your email below: This is the only way we will contact if this form is incorrect.**

Applicant's Name (Please write legibly)

(Last)

(First)

(Middle)

Date of Birth

Email Address:

(Today's Date)

(Signature of Applicant)

#### Section II: South Carolina School Principal or Attendance Supervisor *(Please review this section prior to sending)*

Section II of this form is to be completed by either the school principal or attendance supervisor of the South Carolina school attended by the applicant. Once this section is completed, return the **original** copy to the applicant. Please retain a photocopy for the school records.

**This form may not be used by non-South Carolina schools**

**Type or print in ink**

School Name

BEDS Code/SIDN

The official withdrawal date for the individual listed above is

(Month)

(Day)

(Year)

I certify that the information in Section I of this application has been verified and is correct.

Today's Date

Signature of School Principal

or

Signature of Attendance Supervisor

Telephone

#### Section III: For Home School Applicants *(Please review this section prior to sending)*

Section III of this form is to be completed by the administrator of the home school association. Once this section is completed, return the **original** copy to the applicant. Please retain a photocopy for the association records. **Type or print in ink**

Name of Home School Association

Telephone

Address:

(No. Street)

(City)

(State)

(Zip)

I certify that the information in Section I of this application has been verified and is correct. I also verify that the student listed above withdrew from our home school program on:

(Month)

(Day)

(Year)

Signature of Home School Administrator

Title

Today's Date

No applicant under the age of seventeen may take the GED® examination unless they meet specific State requirements. Please contact South Carolina Department of Education for details. No one under the age of sixteen may take the GED examination for any reason. **Attention School Principal, Attendance Supervisor, or Home School Administrator:** If you have any questions about the completion of this form, please call the Office of Career Readiness at 803-734-8347 or email [assessmentteam@ed.sc.gov](mailto:assessmentteam@ed.sc.gov).