

# CERTIFICATE OF CONSENT TO PARTICIPATE FORM

## High School Equivalency Testing



NEW JERSEY DEPARTMENT OF EDUCATION  
 Division of Teacher and Leader Effectiveness  
 Office of Certification/Induction/ High School Equivalency Testing  
 PO Box 500  
 Trenton, New Jersey 08625-0500  
 Phone: 609-777-1050  
 Fax: 609-984-0573

Chris Christie  
 Governor

David A. Hespe  
 Commissioner

**Instructions:** This form must be completed by any 16 and/or 17 year old individual who is currently not enrolled in a public/private high school and interested in taking the Adult Education Assessment. This form must be signed by a parent/guardian and presented to the Chief Examiner when registering for the Assessment. **Please be advised that this signed consent form will be provided to your current school district, if you want to take the High School Equivalency Assessment this is mandatory.** For any questions, contact the New Jersey Department at (609)777-1050 or [adulted\\_info@doe.state.nj.us](mailto:adulted_info@doe.state.nj.us) or visit [www.state.nj.us/education/adulted](http://www.state.nj.us/education/adulted).

<b>PART A: ► TO BE COMPLETED BY APPLICANT</b>			
			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	
<p><b>I certify the following:</b> I am at least 16 years of age. I am <u>not</u> 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 sufficient to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable). I certify that I am eligible to take the High School Equivalency Assessment and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the Tests. In addition, the New Jersey State Department of Education reserves the right to invalidate the Assessment scores if information is misrepresented.</p>			
Applicant's Signature: _____		Date: _____	

<b>Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN</b>			
<p><b>I certify the following:</b> 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 I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system.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 taking the High School Equivalency Tests. I understand that the New Jersey State Department of Education reserves the right to invalidate these Test scores if information submitted on this form is misrepresented. The signature below confirms the previous statements.</p>			
Parent/□ Legal Guardian's Signature: _____		Date: _____	
Print Name: _____		Phone: _____	
Address: _____			
City: _____		State: _____ Zip Code: _____	
Name of last school district: _____		Last school address: _____	
Date of withdrawal from school: _____		School Tel #: _____ School Fax #: _____	
School Email Address: _____			