

## Letter of Non-Enrollment Request Form for GED Classes

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Not in School      Letter is to be:  Picked Up

Home School       Mailed To: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

*Please allow 5-7 business days for processing. Please fax to (770) 606-5855.*