

REQUEST FOR PERMISSION FOR ENROLLMENT
IN THE ADULT EDUCATION DIPLOMA PROGRAM

Student's Name _____ Soc.Sec.No. _____

The above named student seeks permission to enroll in the Sanford Community Adult Education high school diploma program and is under the age of 17, or is enrolled in a day-school program thus requiring written approval from the sending school system. Please complete this form and note approval/disapproval

Student _____ Date: _____

Parent _____ Date: _____

SENDING SCHOOL

Guidance Counselor _____ Date: _____

Principal _____ Date: _____

Superintendent _____ Date: _____

_____ Approved

_____ Not Approved. Please state reason _____

ADULT EDUCATION PROGRAM

Director of Adult Education _____ Date: _____

_____ Approved

_____ Not Approved. Please state reason _____

Adoption Date: March 1, 1993
Effective Date: March 1, 1993

SANFORD SCHOOL DEPARTMENT