VERIFICATION OF WITHDRAWAL FROM South Carolina SCHOOLS
GED® TESTING OFFICE
SOUTH CAROLINA DEPARTMENT OF EDUCATION

GED® applicants under the age of 19 and any applicant 19 or over who has been enrolled in a South Carolina school during the current school year must complete this form and submit it to the GED® Testing Office. This form must be emailed or faxed to the appropriate GED® Testing Office.

Section I: APPLICANT

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.

Applicant's Name ______________________________________________________________________________________________

(Last)                                                   (First)                                             (Middle)

Social Security Number / _______ / _______ Date Of Birth ____________________________

(Today’s Date) (Signature of Applicant)

Please provide your email: This is the only way we will contact if this form is incorrect:

Email address __________________________________________________________________________________________________

Section II: SOUTH CAROLINA SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR

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

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.

_________________________________________  __________________________________________

Signature of School Principal                 or           Signature of Attendance Supervisor

Telephone _______________ ____________________________

Section III: FOR HOME SCHOOL APPLICANTS

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.

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 the GED® Testing Office 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 GED® Testing Office at 800-277-7323 or 803-734-8347 in the Columbia area.
INSTRUCTIONS FOR COMPLETING
VERIFICATION OF WITHDRAWAL FROM SOUTH CAROLINA SCHOOLS FORM

THIS FORM IS FOR SOUTH CAROLINA SCHOOLS ONLY

If the last school you attended was not in South Carolina, you will need a letter from the superintendent of the school district in which you now live. This letter must be typed on district letterhead and state that you have never attended school in that district. It must also indicate your date of birth. The superintendent of the school district or his/her designee is the only one that may sign this letter.

If you prefer, you may obtain a letter from the principal of the last out-of-state school you attended. The letter must provide the last date of your attendance and your date of birth. This letter must be on official school letterhead.

Section I: APPLICANT

- The applicant is to complete this section of the form.
- Provide your full name (no nicknames), social security number, and date of birth.
- This section must be dated and signed by the applicant.
- The application cannot be processed without the applicant’s signature.

Section II: SOUTH CAROLINA SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR

- This section is to be completed by the principal or the attendance supervisor of the last South Carolina school attended.
- K-12, alternative or charter schools may complete this section. The seven-digit BEDS code must be provided.
- This section may NOT be completed by an adult education center.
- Private schools that are members of The South Carolina Independent School association (SCISA) may use this form.
- Private schools that are not members of SCISA may use this form, as long as they attach a letter on school letterhead from the headmaster of the school listing the school address, telephone number, and a brief description of the school’s background and mission.
- Private schools do not provide a BEDS code.

Section III: HOME SCHOOL APPLICANTS

- The administrator of the state-approved home school association under which the examinee studied must complete this section.
- A parent or guardian may NOT sign this form.
- If you are enrolled under the home school program of your local school district, the district administrator of the program must sign the form.