



Underage GED Testing Approval

Student Name: _____ Date of Birth: _____

The above-named student has been approved to take the GED test. All parties signing below agree that taking this exam prior to their eighteenth birthday is in the best interest of the student. Also, all parties agree to comply with the Alachua County Public Schools underage GED testing policy.

Student Signature

Date

Parent/Guardian Signature*

Date

School Counselor Signature

Date

GED Testing Coordinator Signature

Date

*Parent must sign in front of GED Testing Coordinator or designee or have signature notarized

Notary (print)

Date

Notary (signature)

Date

Notary Seal



Recommendation for Underage GED TEST Registration

Student Name: _____ Today's Date: _____

The above-named student is underage and is requesting registration for an upcoming GED test.

Verification of GED Ready Official Practice Test Scores

The student has passed all parts of the GED Ready Official Practice Test (OPT) (145 or above) as required by Alachua County Public Schools guidelines. The student and parent/guardian have been made aware that these GED Ready OPT scores are valid for a one year, after which time, retesting is required. ** *Copies of the GED Ready Practice test scores must be included with this document.

Language Arts: _____

Science: _____

Math: _____

Social Studies: _____

Verification of Class Attendance (if applicable)

The above-named underage student has successfully completed the 10-hour minimum GED instruction.

Attendance Site: _____

Date Entered: _____

Date of Completion: _____

GED Instructor: _____
Name (print)

Name (Signature)



FLORIDA GED® TESTING PROGRAM



UNDERAGE WAIVER FORM

This completed form and any other information requested by the school district **must be submitted to assigned district/testing center staff**. This staff member will be responsible for transmission of this form to the Florida GED® Testing Office. If you have any questions, please call or email the underage contact person for the school district in which you live or go to school:

<http://data.fldoe.org/workforce/contacts/default.cfm?action=showList&ListID=65>.

The candidate must complete the registration process at <http://ged.com> prior to the school district submitting this form to the Florida Department of Education.

Florida Department of Education Contact Information:

Email GEDagewaiver@fldoe.org or call 1-877-352-4331 (Florida calls only) or 850-245-0449

Candidate Name: _____ Date of Birth: _____

Candidate e-mail address: _____

School District Providing Waiver: Alachua County

Superintendent of School District: Shane L. Andrew

Waiver of Age Requirements for GED® Testing in Florida

Pursuant to section 1003.435, Florida Statutes, the minimum age to take the GED® tests to meet the requirements for a high school equivalency diploma is 18 years. A candidate may take the examination after reaching the age of 16, in extraordinary circumstances, as provided for in the rules of the district school board of the district in which the candidate resides or attends school.

I, hereby, certify that the candidate for GED® testing listed above has met the requirements of the district school board for testing of an individual aged 16 and 17 years of age.

Signature of Superintendent/Designee

Date

Printed Name of Superintendent/Designee

Date

If a designee signed above, please submit letter with delegation of authority for the individual with signing rights. School District Underage Testing Personnel must submit this form to:

Email: GEDagewaiver@fldoe.org

OR

Fax 850-245-0990

Name of District Staff Submitting Form: Arlene Rudd

Email address of District Staff Submitting Form: ruddal@gm.sbac.edu