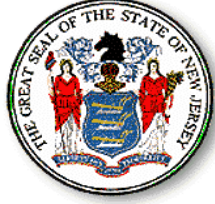


CONSENT OF NON-ENROLLMENT IN SCHOOL FOR 16 TO 21 YEAR OLDS



NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Workforce Grant and Program Management
Adult Education and Literacy Services
PO Box 055
Trenton, New Jersey 08625-0055
Phone: 609-292-9722
Fax: 609-984-3562

Chris Christie
Governor

Harold J. Wirths
Commissioner

Instructions: This form must be completed by any 16 to 21 year old individual who is currently not enrolled in a public/private high school and interested in participating in a WIOA Title II funded Adult Basic Skills and Integrated English Literacy and Civics Education Program and presented to the WIOA Title II program provider prior to beginning a class. This form must also be signed by a parent/guardian for 16 and 17 year olds. **Please be advised that this signed consent form may be provided to your current school district.** For any questions, contact the New Jersey Department of Labor and Workforce Development at (609) 292-9722 or visit our website at <http://jobs4jersey.com/jobs4jersey/jobseekers/training/wiaresources.html>.

PART A: ► TO BE COMPLETED BY APPLICANT

Current School District: _____

First Name	Middle Initial	Last Name	Social Security Number
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Address	City	State	Zip Code
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Telephone: _____ Date of Birth: _____ Age: _____
Month Day Year

I certify the following: I am at least 16 years of age. I am not 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. I certify that I am eligible to participate in the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program and that the information provided is accurate. I understand that if the information is misrepresented, the program provider can refuse to accept me into the program.

Applicant's Signature: _____ Date: _____

Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN

I certify the following: 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 I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system.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 the WIOA Title II Adult Basic Skills and Integrated English Literacy and Civics Education Program.

Parent/Legal Guardian's Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____