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

Agency: _____

This form must be completed and presented at the time of registration in an adult education program.

If any information is misrepresented on this form, the State of New Jersey reserves the right to invalidate any program and deny further access to any adult program options.

PART A: To be completed by applicant (for 16 and 17 years olds Only – Parent/Guardian must sign)

_____

Last Name First MI Social Security Number

_____

Number and Street City State Zip Code

Telephone: _____ Birth Date

Month	Day	Year

Name and address of last New Jersey high school attended: _____

_____

_____ _____

Applicant's Signature Date

_____ _____

Parent/Guardian's Signature: Date
(for 16 and 17 year olds)

PART B: To be completed by the Superintendent or High School Principal in the Public School District of Residence.

I, the undersigned, do hereby certify that _____ is not on school rolls in this district.

Signature of Principal or Superintendent: _____ Date: _____

Title: _____ Telephone: _____

School District: _____

Place Raised School Seal or Notary's Signature Here