



Gila County Education Services Agency
Adult Education Program

Promoting Education Excellence through Leadership, Service and Support

Parent/Guardian Authorization for Participant Registration

Today's Date: _____ Student's Date of Birth: _____

Student's Full Legal Name: _____

has my permission to take the HSE (High School Equivalency) tests (formerly known as GED tests). He/she is allowed to register for face-to-face or online adult education classes that will lead to a High School Equivalency Certificate.

Is student currently enrolled in high school: Yes _____ No _____

Is student currently being Home Schooled: Yes _____ No _____

Name of last school attended: _____

Street Address _____ City _____ State _____ Zip Code _____

Printed Parent/Guardian _____

Signature of Parent/Guardian _____

State of _____ County of _____

SUBSCRIBED AND SWORN TO before me

this _____ day of _____, _____

SIGNATURE OF NOTARY PUBLIC

SEAL

FOR PROGRAM USE ONLY: Date Received: ____/____/____

Verifier Printed Name: _____

Verifier Signature: _____

GILA COUNTY SCHOOL SUPERINTENDENT ROY SANDOVAL

1400 E. Ash Street Globe, Arizona 85541

Globe Office: (928) 402-8784

Payson Office: (928) 472-5398

01.22.2019