



Darlington-Lee Adult Education
B. A. Gary Educational Complex
100 Magnolia Street, Darlington, SC 29532
(843) 398-2856 PHONE (843) 395-8944 FAX

Adult Ed Youth Program: Procedures for Enrollment
(for students 16 and 17 years old)
2018-2019

PLEASE NOTE: Last date to accept 17 year-old applications, March 6, 2019.
Last date to accept 16 year-old applications, March 28, 2019.

Policies, rules, and regulations for public education in the State of South Carolina are found in the Defined Minimum Program for South Carolina School Districts. In regard to enrollment in Adult Education program, this document states:

Membership shall be limited to individuals who are 18 years of age or over and have left the elementary or secondary school, *except when the local school board assigns students less than 18 years of age who are not officially in membership in a regular school*. These students may be assigned to one or more classes of an adult education program when (1) they exhibit an unusual educational need or (2) they exhibit physical, social, or economic problems that can be served more effectively by the adult education program. **No student under the age of 16 may be assigned to the adult education program.**

For individuals who are under 18 years of age to be considered for assignment to Adult Education by the local school board, the Darlington County School District has established the following procedures:

- The Youth Program is held at both the Darlington and Hartsville sites. Students are responsible for their own transportation to and from school.
- Students are responsible for the **\$30 Adult Ed registration fee** as well as any unresolved fees or fines at their high school.
- Students requesting to enter the Adult Education Youth Program must fully complete the Adult Education Youth Enrollment Application (attached). **Incomplete forms will not be accepted.**
- Students and a parent/guardian should contact the principal and/or guidance counselor of the last school they attended to request an appointment to discuss student's possible transfer to the Adult Education Program. The completed application packet should be presented to the principal at this time.
- After the meeting at the home school, the principal/guidance counselor will forward the student's form and his/her recommendation to Darlington-Lee Adult Education.
- Adult Ed staff will contact the parent/guardian to schedule an interview for admittance into the program. At the completion of the interview, Adult Ed will make the final recommendation to the Darlington County School Board of Education.

Adult Education classes have limited space in the Youth Program. Students who fail to attend on a regular basis or show little effort will be dismissed from the program in order to provide opportunities for other students.

For further information, please call the Office of Adult Education at 843-398-2856.

Adult Education Youth Enrollment Application
(for students 16 and 17 years old)

Students: Please complete this form in blue ink. Incomplete forms will not be accepted.

Note: Please attach a copy of the student's SC drivers' license or photo I.D. to this application.

Date: _____

Name of Student: _____ Date of Birth: _____ Age: _____

Name of Parent/Guardian: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

If Currently in School:

Name of School: _____ Grade: _____

If Not In School:

Last School Attended: _____

Date Last Attended: _____ Grade Completed: _____

Reason for Leaving: _____ Explanation: _____

Educational History:

Tell about your school experience. List activities that you participated in, grades repeated, disciplinary actions against you, and relationship with teachers/other students: _____

Offences:

Do you have a record with Family Court? Yes ___ No ___ If yes, explain: _____

Reasons For Seeking Permission To Enter Adult Education:

Explain why you want to attend Adult Education classes rather than remain in the regular school program. _____

What are your educational and career goals? _____

STUDENT COMMITMENT STATEMENT:

Having a high school credential (diploma or GED) is very important to me. If allowed to enroll in Adult Education, I will attend regularly, and I will work diligently to improve my skills. I pledge to conduct myself in a responsible manner in the Adult Education Program and abide by the Adult Ed Student Guidelines.

Signature of Student

PARENTAL AGREEMENT:

I feel that the Adult Education Program can best meet the educational needs of my child. I request permission for him/her to enroll and will provide my support to him/her, as well as the Adult Education Program and personnel.

Signature of Parent/Guardian



Principal's Recommendation (for students 16 and 17 years old)

School's Checklist: (Please check off after attached.)

- AE Youth Enrollment Application
- Verification of Withdrawal from SC Schools
- Home School Verification of Withdrawal Form
- Principal's Recommendation
- Transcript
- AE Transcript Request Form

Principals: **ALL of the above documents are needed in order for this to be a complete packet. Incomplete packets will not be accepted.**

Please complete in blue ink. After completion, the complete packet should be submitted by the principal or their designee to the Office of Adult Education.

Date: _____

From: _____

The following student has requested permission to enroll in Adult Education:

Name of Student: _____

Date of Birth: _____ SUNS ID Number: _____ PowerSchool Transfer Code: _____

Name of Parent/Guardian: _____

Overview of Student's School History: A copy of the student's record must be attached.

(Please attach the student's transcript as well as any other pertinent information, including IEPs/BIPs, if applicable).

Enrollment Recommendation: (Check one)

_____ I recommend this student for enrollment in Adult Education.

_____ I **do not** recommend this student for enrollment in Adult Education.

Reason for the above recommendation:

Comments:

(Please make any additional comments that are relevant to this situation.)

Signature of Counselor

Date

Signature of Principal

Date



Darlington-Lee County School District

B. A. Gary Educational Complex
100 Magnolia Street, Darlington SC 29532
Phone: (843) 398-2856 FAX: (843) 395-8944

ADULT EDUCATION TRANSCRIPT REQUEST FORM

Please PRINT or TYPE and provide ALL requested information.

ATTN: RECORDS DEPARTMENT

Name of School Last Attended: _____

School's Street Address: _____

City: _____ State: _____ Zip Code: _____

Name: (Last) _____ (First) _____ (Middle) _____ (Maiden) _____

*Social Security Number: _____ Date of Birth: _____

*Social Security Number will be used only for annual reporting to the State Department of Education and for no other purpose.

Name Used In School: _____

Present Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Last Year Attended School: _____ Graduated? Yes/No If Yes, Year: _____

Date Enrolled In Adult Education: _____

AE Program: (Check One) _____ High School Diploma _____ GED Program

Please release transcript to:

Darlington County School District
Office of Adult Education
BA Gary Educational Complex
100 Magnolia Street
Darlington, South Carolina 29532

I authorize the institution named above to release my transcript based on the information provided.

Signature of Adult Student

Date

Instructor _____
Center _____



DARLINGTON-LEE ADULT EDUCATION
 100 Magnolia Street, Darlington, SC 29532
 Phone: (843) 698-2856 / Fax: (843) 395-8944

AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission for the release of my employment and post-secondary school information by the following agencies to the South Carolina Department of Education (SCDE). I understand that my social security number will be used by the SCDE as well as Adult Education's state & local partner agencies. My social security number will not be released to any other third party.

Yes	No	Release to Data Match Agency:
<input type="checkbox"/>	<input type="checkbox"/>	S.C. Dept. of Employment and Workforce P. O. Box 995, 1550 Gadsden St. Columbia, SC 29202 Phone No (803) 737-2588, Fax No (803) 737-0140
<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Institutions (to include but not limited to): S.C. Technical Colleges or the Commission on Higher Education

I give permission to the Adult Education program listed above to release my academic, attendance, and/or assessment information (including High School Equivalency Diploma Test Scores) to the following:

Yes	No	Release To:
<input type="checkbox"/>	<input type="checkbox"/>	Military Recruiters
<input type="checkbox"/>	<input type="checkbox"/>	Potential Employers
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Student's Name Printed _____ Social Security Number: _____

Student's Signature: _____
Signature of Student
Date

Parent's Signature _____
Signature of Parent (if student is under age 18)
Date

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