



BLADEN COMMUNITY COLLEGE
College and Career Readiness
Adult High School/High School Equivalency
Minor Application

To enter the Adult High School or High School Equivalency Program at BCC the following must be completed by the principal of the last school the applicant attended:

Name of School _____ Date last attended ____/____/____

Name of Student _____ Official Withdrawal Date ____/____/____
First Middle Last

Date of Birth ____/____/____ Social Security No. ____-____-____ Driver License Number _____

Address _____
City State Zip Code

Please attach an official transcript.

Principal's Signature: _____ Date _____

The section below must be completed in the presence of a Notary Public by the parent, guardian or other person or agency having legal custody or control of this applicant.

I _____ being the parent or court appointed legal guardian of the minor, do hereby petition Bladen Community College to accept the applicant into the Adult High School or General Educational Development Program. I hereby certify that the place of residence, date of birth of the applicant, and date on which the applicant officially dropped out of school are as stated in this.

NAME OF STUDENT: _____

AFFIDAVIT OF PARENT/LEGAL GUARDIAN

I state under oath that the following facts are true and correct:

1. My name is _____

2. My street address is _____

My mailing address is _____

My home telephone number is _____ (cell) _____ (work) _____

3. Student's Driver License/Permit Number _____

4. Previously the child was enrolled at _____
Name of School

Address of School

5. If this child is currently under a term of suspension or expulsion from attendance at a private or public school, school report **must** be attached giving details.

6. If this child has been convicted of a felony, a copy of the court record **must** be attached.

7. I understand that if information in this affidavit is false, the child may be removed from Bladen Community College.

Signature of Parent/Guardian: _____

Sworn to and subscribed before me this _____ day of _____, 20____. _____

Notary Public

My commission expires _____.