



Transitional Studies Department

Minor Applicant Withdrawal/Waiver Form

FOR ADMISSION IN THE FOLLOWING PROGRAM AT PITT COMMUNITY COLLEGE

Adult Basic/Secondary Education Adult High School Diploma
 English Language Acquisition

Minor student name _____
(First) (MI) (Last) (Suffix)

Date of Birth ____/____/____ Social Security Number ____ - ____ - ____
(MM) (DD) (YYYY) (111) (22) (4444)

Address _____
(Street) (City)

(State) (Zip) (Home Phone Number) (Mobile Phone Number)_

Withdrawal from _____
(Name of Public, Private or Home School)

(Street Address) (City) (State) (Zip) (Phone Number)

Date of the Applicant's withdrawal or last attended school ____/____/____
(Month) (Date) (Year)

For Adult High School Diploma Program Applicant Only

Student School ID Number: _____

Suspension: Yes No

Expulsion: Yes No

Transcript Attached: Yes No

Complete Educational Records Attached: Yes No

(Signature of Superintendent, or Designee) (Date)



Transitional Studies Department

Parent Consent for Minor Applicants – Notarized Petition
Admission to College and Career Readiness Program

In the STATE OF _____, COUNTY OF _____

_____ personally appeared before me on this _____ day of
(Printed Name of Parent or Guardian)

_____, 20____ and acknowledges that he/she is the parent, legal guardian or other
person or agency having legal custody and control of _____, attests
(Print Name of Applicant)

that the current place of residence of the applicant is _____
(Street Address)

_____, _____, _____
(City) (State) (Zip)

Date of the Applicant’s withdrawal or last attended school _____
(Month) (Date) (Year)

The applicant is _____ years of age and was born on _____
(Month) (Date) (Year)

Please check the program the applicant is applying for admission to:

_____ Adult Basic/Adult Secondary Education (GED®) _____ Adult High School Diploma

_____ English Language Acquisition _____ Career Academy

I hereby give my permission and enter this petition for him/her to attend Pitt Community College to participate in Transitional Studies Department Programs

_____, _____
(Parent or Guardian Signature) (Relationship to Applicant)

Witness my hand and official seal this _____ of _____, 20____.

Official Seal

(Signature of Notary Public)

(Commission Expiration Date)