



Martin County School District

Adult, Secondary and Virtual Education

500 East Ocean Boulevard • Stuart, FL 34994 • (772)219-1200

A signed copy of withdrawal from last school attended and a copy of the GED Ready Test scores must be attached to this application. Send completed application to: The School District of Martin County, Adult Secondary Education Program, 1150 SE St. Joseph's Ave. Stuart, FL 34996. 772-219-1296 Ext 161: Attention Adult Education Assessment and Technology Facilitator. Approval or disapproval of this application is governed by the School District of Martin County policy. You will be notified, in writing, regarding the approval or disapproval of this request.

A candidate for the GED test shall be at least 18 years of age on the date of examination. However in extraordinary circumstances and as determined by the superintendent or his/her designee, said candidate may take the examination after reaching the age of 16 years. Extraordinary circumstances may include, but are not limited to, the following:

- An individual with medical or a psychological problem.
- A recommendation from an appropriate court of law.
- Economic or personal hardship, authority: 1003.435 FS.

All 16 or 17 year old candidates must provide written evidence of passing scores on the GED Ready test.

PRINT (IN INK) OR TYPE

LAST NAME (last, first, middle initial) _____ AGE _____ DATE OF BIRTH _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ HOME TELEPHONE _____ E MAIL _____
LAST SCHOOL ATTENDED _____ WITHDRAWAL GRADE LEVEL _____ DATE OF WITHDRAWAL _____ ADULT EDUCATION SCHOOL _____

_____ Total score on the GED Ready Test (must be 600 with a minimum score of 145 on each of the modules)

I am applying for a hardship age waiver for the following reason: (check one)

1. ☐ I am enrolled in a Performance Based Exit Option Program at _____ SCAHS _____ Spectrum Jr./Sr. High
2. ☐ I am married and must work full-time. (A copy of marriage license must be attached.)
3. ☐ I have a medical or psychological problem and cannot attend school. (A doctor's statement documenting the illness/disability must be attached.)
4. ☐ I am under the supervision of a court of law or enrolled in an alternative school and it is recommended that I be granted an age waiver. (A letter from the court or from a school principal must be attached.)
5. ☐ For economic reasons: The economic situation in the family requires that I work full-time. (A letter from your employer and a letter from a parent/guardian documenting economic hardship must be attached.)
6. ☐ None of the above apply: I request that my extraordinary circumstances be considered. (A letter explaining the circumstances of the hardship and appropriate documentation must be attached.)

I affirm that the above statements and the attached documentation are true and correct to the best of my knowledge. I am aware that approval of this application is subject to rules and guidelines of Martin County School District.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ SIGNATURE OF APPLICANT _____ DATE _____
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Adult Education Coordinator _____ Date _____ Approved _____ Disapproved _____
Superintendent Martin County School District _____ Date _____ Approved _____ Disapproved _____