



Coeur d'Alene Tribe  
Department of Education  
1115 B Street PO Box 408  
Plummer Idaho 83851  
(208) 686-1800 Fax (208) 686-5804

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Tribe: \_\_\_\_\_ Tribal ID \_\_\_\_\_ Descendant: Yes \_\_\_\_\_ No \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Contact Person: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Year of Withdrawal: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Do You Have Any Official GED Tests Completed: YES: \_\_\_\_\_ No: \_\_\_\_\_ Year Of Completions: \_\_\_\_\_

Math: \_\_\_\_\_ Science: \_\_\_\_\_ Social Science: \_\_\_\_\_ Reading: \_\_\_\_\_ Writing: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

- All applicants under age 18 must complete a youth waiver and release form Last Attended School
- Consent to Proceed: I, \_\_\_\_\_, (Parent/Guardian) give to the Coeur d'Alene Tribe Department of Education, and it's authorized agents, permission to provide all services necessary in preparing and coordinating GED acquisition to and for my minor family member.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



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Release of Information

Please release to the Coeur d'Alene Tribe Department of Education and any of it's authorized agents, all educational information including but not limited to transcripts, test scores and status.

1. I request verification be transferred to the Coeur d'Alene Tribe Department of Education by first class mail. \_\_\_\_\_
2. I request verification be sent by FAX machine. I am aware that the transmission of information may not be secure and that the scores will be considered unofficial. \_\_\_\_\_
3. I, in the case that I am 18 years of age or older, or, my legal Guardian in the case where I am under 18 years of age, allow the Coeur d' Alene tribe Department of Education personnel to access my GED.com account in order to obtain GED test completion scores. This will include all 4 of the GED Official Tests: Mathematics, Social Science, Science, Reasoning through Language Arts.

GED.com Username: \_\_\_\_\_

GED.com Password: \_\_\_\_\_

Signature \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security \_\_\_\_\_

Today's Date \_\_\_\_\_

# Idaho GED Testing

## Youth Waiver Request Form

Submit the completed form to the testing center where the student intends to test, as located on *GED.com*

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Part 1: Homeschooled Students Only

Check this box if the student named in the Youth Waiver Request Form is homeschooled. Approval from the local high school is not required for homeschooled students - Skip Part 2. (Students participating in the *Idaho Digital Learning Academy* are NOT considered homeschooled for the purpose of this form and must complete Part 2.)

### Part 2: Completed by High School of Previous Enrollment \*Not applicable to homeschooled students

School Name: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ Last grade completed: \_\_\_\_\_

The State Board of Education mandates that applicants 16 to 17 years of age must submit written verification from the last school attended, and meet at least one of the following criteria prior to GED Testing. Check as applicable:

- \_\_\_\_\_ *Behind one year or more in credits earned*
- \_\_\_\_\_ *Expelled, or on recommendation of the school*
- \_\_\_\_\_ *Pregnant or a parent*
- \_\_\_\_\_ *Entering college, the military, or an employment training program*
- \_\_\_\_\_ *Enrolled in an Adult Basic Education or Job Corps program*
- \_\_\_\_\_ *Incarcerated*

I believe circumstances prevent the above named student from returning to the traditional school setting. It is my recommendation that, after meeting with this student and his/her parent or guardian, the student be allowed to participate in GED testing. I verify that the student meets one or more of the above criteria and is not enrolled in school.

Counselor/Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Title/Affiliation \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Part 3: Student and Parent/Guardian Signatures

We, the student and parent/guardian, request that the above-named applicant be approved for GED Testing. We authorize the release of GED scores to the above-named school, where applicable.

*In order to schedule tests, submit a signed form to the testing center where the student will take their GED tests.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_