UNDERAGE GED® TESTING WAIVER
Alternative Instruction (Home School) Students

IN ORDER TO APPROVE THIS REQUEST, THE STUDENT MUST HAVE AN ACCOUNT CREATED AT WWW.GED.COM.

This form is required for any 16- or 17-year-old student who has been excused from public school attendance for alternative instruction (home school) pursuant to SDCL 13-27-3. Before the request for underage testing can be approved, the South Dakota Department of Education (SD DOE) must verify receipt of a public school exemption certificate from the school district pursuant to SDCL 13-27-9.

Student Name: ___________________________________________________________

District Name: __________________________________________________________

By signing below, you are agreeing and verifying that:

1. The student named above is 16 or 17 years old;
2. The student has been excused from public school attendance for alternative instruction (home school);
3. You consent to the SD DOE disclosing the following information to the SD Department of Labor and Regulation: whether the SD DOE has received a public school exemption certificate from the school district regarding the student; and
4. You are the parent or legal guardian of the student and authorize the student to take the GED® test.

Parent/Legal Guardian Name (please print): _____________________________________________________________________

Address: ________________________________________________________________

City: __________________________________________________ State: _______ Zip: ____________

Telephone: (______)______-_________ Email: ___________________________________________________________________

Parent/Legal Guardian Signature: __________________________________________ Date:_____/______/_________

SUBMIT COMPLETED FORM

Email: Barb.unruh@state.sd.us

Mail: Barb Unruh
Department of Labor and Regulation
123 W. Missouri Ave., Pierre, SD 57501

FOR SOUTH DAKOTA DEPARTMENT OF EDUCATION USE ONLY

☐ SD DOE has received an alternative instruction exemption certificate for the student named above.

☐ SD DOE has not received an alternative instruction exemption certificate for the student named above.

Signature & Title __________________________________________________________ Date:____________________