



Okeechobee County School Board
GED Waiver Application

Date of Application: _____

Full Legal Name: _____

Mailing Address: _____

Date of Birth/Age: _____

Phone Number: _____

Email Address: _____

High School of Record: _____

Date of Last Attendance/Withdrawal: _____ Credits Earned: _____

Parent/Guardian: _____ Address: _____

Please explain any extenuating circumstances, which have resulted in this request:

- Student has taken TABE and/or GED practice test – scores attached.

Recommendation of Director of Student Services

- Student should be granted waiver to take GED exam.
 Student should not be granted waiver to take GED exam.

Director of Student Services

After full review of this application for a waiver to take the GED exam and upon recommendation of the Director of Student Services, I find as follows:

- Applicant is granted a waiver to take the GED exam.
 Applicant is not granted a waiver to take the GED exam.

Superintendent of Schools