



# College and Career Readiness Program Waiver of Age Requirement Minor's Enrollment Application

**RETURN TO:** Dr. Marguerita Best, Executive Director  
College and Career Readiness Program  
White Building (Building 1), room 1-103  
Durham Technical Community College  
1637 East Lawson Street  
Durham, NC 27703

Minor applicants must be at least 16 years of age. If reviewed and approved, the applicant will be notified and advised of the next step. Please wait to receive an email from Dr. Best, Executive Director.

### To be completed by applicant

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

Contact Number \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

### To be completed by parent or legal guardian

Name \_\_\_\_\_

Contact Number \_\_\_\_\_ Email Address \_\_\_\_\_

### To be signed by applicant and parent or legal guardian

Applicant's signature \_\_\_\_\_  
was involved in while attending public or private school.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

To be completed by school principal or other designated school official

Name of school \_\_\_\_\_

School Address (include state and zip code) \_\_\_\_\_

\_\_\_\_\_

Date of last attendance or official withdrawal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action	Dura01 re f 1		

---



College and Career Readiness Program
Parent Consent Form for Minor Applicants

NOTARIZED PETITION

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

(Printed Name of Parent or Legal Guardian) \_\_\_\_\_ personally appeared before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and acknowledges that they are the parent, legal guardian or other person or agency having legal custody and control of (Printed Applicant's Name) \_\_\_\_\_, attests that the current place of residence of the applicant is (City and State) \_\_\_\_\_ and the date of the applicant's withdrawal or last attendance in school was (Month/Day/Year) \_\_\_\_\_ from (Name and Full Address of School) \_\_\_\_\_

The applicant is \_\_\_\_\_ years of age and was born on \_\_\_\_\_.

I hereby give my permission and enter this petition for

(Applicant's Name) \_\_\_\_\_ to enroll in the Adult High School/ General Education Development (GED®) or High School Equivalency (HiSet®) 16.6 (\_\_\_\_\_)16.6 (\_\_\_\_\_)J3 0 5i14.3

## Accessibility Services

Durham Tech provides disability accommodations and services designed to create equal access to the many aspects of education. Students can voluntarily self-identify with the College as having a disability or medical condition that may impact access to programs and activities.

Students with disabilities may achieve educational access through the effective use of accommodations or services such as individualized educational planning; support staff including note-takers and interpreters; assistive technology; alternative testing arrangements; and priority assistance during registration. Through a process of individual planning, students are encouraged to use their diverse abilities to succeed.

Durham Tech is mandated by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (amended in 2008) to provide appropriate and reasonable accommodations to students who qualify for services.

## Eligibility

