



**RETURN THIS FORM TO:**

**Office of Admissions and Records**

**19351 West Washington Street • Grayslake • Illinois • 60030-1198**

**Or fax it to: (847) 543-3061**

To be completed by students 16 & 17 years of age who are enrolling in adult education classes only. Students wishing to enroll in college credit, remedial or developmental courses must complete a Secondary School Reference form.

I certify that I have severed all relations with the high school district of my residence and wish to enroll in Adult Education classes at the College of Lake County (ABE-Adult Basic Education, GED-GED Certification, ADE-High School Completion, AES- Adult Education in Spanish, ESL-English as a Second Language, VST- Vocational Skills Technology). I further certify that I am unable to obtain a parental or guardian signature.

Name: \_\_\_\_\_  
Last First Initial

Social Security Number or CLC ID#: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

Contact Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_