

To Whom It May Concern,

The student, whose name appears below, would like to enroll in a state supported High School Equivalency Program (HSE) or English as a Second Language Program (ESL) at Triton College.

The Illinois Community College Board requires proof of withdrawal or separation from the district high school for students who are under 18 years of age. Additionally we are required to obtain the reason for separation or lack of completion of a high school diploma.

Please complete the below information on behalf of the student.

Name:		Date of Birth:
Address:		
Name of Distri	ct High School	
Reasons for wi	ithdrawal:	
	Withdrawn by parents for hom	neschool purposes on(Withdrawal Date)
	The student has never attende	(Name of School)
	Student has been withdrawn due to medical reasons	
	Other reason(s)- please descril	oe:
	Withdrawal Date	
		Signature of Administrator
		Title of Administrator
		Date