



## Adult Education & Literacy Program Student Living Separate from Parent(s) Form

---

**This document serves as verification that the following individual is living separate and apart from his/her parents.**

**Student/Class Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Location (Site): \_\_\_\_\_ Class Level (Circle one): ABE/ASE/GED® ESL

Previous residence: \_\_\_\_\_  
(address, city, state, zip code)

Current Residence: \_\_\_\_\_  
(address, city, state, zip code)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

**ESC-20 Staff Verification:**

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_