



EASTERN IOWA COMMUNITY COLLEGES
CLINTON ♦ MUSCATINE ♦ SCOTT

Permission to Attend – Parent/Guardian

I am the parent/legal guardian of _____ and give my
STUDENT NAME (PRINTED)

permission for him/her to attend the **High School Equivalency Program** at Eastern Iowa

Community Colleges. I also give my permission for my child/ward to take the **HiSET Exams** upon
successful completion of the program.

Emergency Contact Information:

Name & Relationship to Student

Phone Number(s)

Address

City, ST Zip

Print Name (Guardian/Parent)

Signature (Guardian/Parent)

Date