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Rardy Pena
Karen Twomey
Matthew Wilkins

Dear Mr. Wilkins,

I give permission for my child to take the ASVAB on Tuesday, September 27, 2016, from 8:15 AM to 11:30 AM in the Lynn English High School Library.

Student's Name: _____

I.D. # _____ Homeroom: _____ Grade _____

I understand that the ASVAB Career Exploration Program is a FREE comprehensive career exploration and planning program that includes a multiple-aptitude test battery, an interest inventory, and various career planning tools designed to help students explore the world of work. I understand it is administered by the Department of Defense, but Lynn English signed a waiver that prevents the release of student information and results. The waiver also precludes the military from contacting my child because of his/her participation in the program. I understand that ASVAB representatives will return to Lynn English a few weeks after the test administration to assist my child with interpreting their scores.

Parent Signature: _____

Date: ____ / ____ / ____