

GED Testing Application

Student Information: Please Print

Name: _____ Social Security Number: _____

Address: _____ Gender: _____ Ethnicity: _____

City: _____ State: _____ Zip Code: _____

County you reside in: _____ Telephone (H): _____

Current Age: _____ Birth date: _____ Telephone (W): _____

(Staff Use Only) _____ Withdrawal _____ Option Form

Education Information: Please Print

High School Last Attended & Location: _____

Name

City

State

Year Last Attended: _____ Highest Grade Completed: _____

Have you taken a practice test? Yes No If yes, location: _____

Did you enroll in a GED class? Yes No If yes, location: _____

Testing Information: Please Print

First Time Tester: Yes No If no, date of last test: _____ (MM/YYYY)

Name of state you last tested in: _____

Applicant Signature

Date

Office Use Only

Amount Paid: _____ Money Order _____ Voucher _____ To Be Billed _____

Tests to be taken: All Language Arts, Reading Language Arts, Writing

Mathematics Science Social Studies

Special Needs: None Appropriate Form Attached

Alternate Versions: Large Print Spanish French

Test Form(s) Previously Taken: _____

Test Location: _____

Date & Time of Test: _____

Resident of: _____ Division Code: _____ Academic Code: _____

Identification Used (Please Circle): DMV Driver Lic. DMV ID Card State Other

Exp Date _____

Academic Codes:

- 100-Adult GED Prgm
- 200-Alternative GED Prgm
- 300-Home School
- 400-At Home Correspond.
- 500-Comm. Based Lit Prgm
- 600-Walk-in (No Prep)
- 700-GED Connections
- 800-Other GED Online Prgm
- 900-DCE Prgm
- 910-Reg. Jail Detention
- 920-Other Residential Prgm

Registered by: _____ Date _____