



Office of the State Superintendent of Education

GED TESTING APPLICATION

DIRECTIONS:

1. COMPLETE ENTIRE APPLICATION; PRINT CLEARLY AND NEATLY IN INK.
2. ATTACH A MONEY ORDER OR BUSINESS CHECK MADE PAYABLE TO : GED TESTING & VERIFICATIONS (FULL TEST: \$50.00; EACH PARTIAL TEST: \$10.00) FEES ARE NOT REFUNDABLE AND NON-TRANSFERABLE; PERSONAL CHECKS ARE NOT ACCEPTED
RESCHEDULING FEES : \$50 OR FULL COST OF PARTIALS (IF LESS THAN 2 BUSINESS DAYS NOTICE) OR \$10 (WITH MORE THAN 2 BUSINESS DAYS NOTICE)
3. REGISTRATION IS NOT COMPLETE UNTIL APPROVED BY THE GED ADMINISTRATOR OR DESIGNEE. TESTING DATES S AND TIMES WILL BE DETERMINED AT THE TIME OF REGISTRATION. SEATS FOR THE EXAM ARE FILLED ON A FIRST COME FIRST SERVED BASIS.

IMPORTANT INFORMATION

SOCIAL SECURITY NUMBER: _____ - ____ - _____		DATE OF BIRTH	MONTH	DAY	YEAR	AGE
LAST NAME/SURNAME		FIRST NAME		MIDDLE INITIAL		
STREET ADDRESS (PLEASE FILL IN THE APPLICANT'S PERMANENT ADDRESS)					APT#	
CITY		STATE	ZIP CODE		WARD	
HOME PHONE		ALTERNATE PHONE		GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
DATE OF PRACTICE TEST		EMAIL ADDRESS				
HIGHEST GRADE OF SCHOOL COMPLETED 3 4 5 6 7 8 9 10 11 12		IS THIS THE FIRST TIME YOU HAVE TAKEN THE GED EXAM SINCE JANUARY 1, 2003? <input type="checkbox"/> YES <input type="checkbox"/> NO (PLEASE ENTER DATE AND CITY/STATE OF LAST GED EXAM TAKEN)		NAME AND CITY/STATE OF LAST PUBLIC/PRIVATE SCHOOL ATTENDED		
HOW DID YOU OBTAIN THIS APPLICATION? <input type="checkbox"/> GED TESTING CENTER WALK-IN <input type="checkbox"/> GED TESTING CENTER WEBSITE <input type="checkbox"/> ADULT LEARNING CENTER <input type="checkbox"/> OTHER: _____		ARE YOU ELIGIBLE FOR SPECIAL ACCOMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YOU HAVE A DOCUMENTED LEARNING DISABILITY, PHYSICAL DISABILITY, EMOTIONAL DIABILITY, OR ATTENTION DEFICIT/HYPERACTIVITY, YOU MAY QUALIFY FOR SPECIAL ACCOMODATIONS WHEN TAKING THE GED TEST. REQUEST FORM LD-8051 (FOR A LEARNING DISABILITY), FORM PCH – 63909 (FOR A PHYSICAL DISABILITY), FORM EMH-6027 (FORM AN EMOTIONAL DISABILITY), OR FORM ADHD – 12475 (FOR ATTENTION DEFICIT) TO BE FILLED OUT BY A CERTIFIED PROFESSIONAL OR MEDICAL DOCTOR. EACH REQUEST IS CONSIDERED ON AN INDIVIDUAL BASIS. (5/8/2006)		WHICH FORM OF THE EXAM WOULD YOU LIKE? <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> FRENCH <input type="checkbox"/> BRAILLE <input type="checkbox"/> ENGLISH /LARGE PRINT		
CHECK BELOW THE ITEMS THAT APPLY TO YOU. <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SINGLE PARENT <input type="checkbox"/> PUBLIC ASSISTANCE <input type="checkbox"/> SENIOR CITIZEN		DID YOU PARTICIPATE IN A GED PREP PROGRAM? IF YES, GIVE PROGRAM NAME AND ADDRESS.				

I, THE UNDERSIGNED, CERTIFY THAT THE INFORMATION ENTERED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM A RESIDENT OF THE DISTRICT OF COLUMBIA.

SIGN HERE	DATE:
WITH MY SIGNATURE, I AUTHORIZE THE RELEASE OF MY GED RECORDS TO THE GED PREPARATION PROGRAM/SERVICE PROVIDER LISTED.	SIGNATURE/AUTHORIZATION

TESTING INFORMATION – TO BE DETERMINED BY THE GED TESTING CENTER

DATE OF TEST :	LOCATION:
TIME:	

FOR GED TESTING CENTER USE ONLY

<input type="checkbox"/> FIRST TIME APPLICANT				<input type="checkbox"/> RE-TESTER				<input type="checkbox"/> MAKING UP EXAM			
SUBJECT		TEST DATE		FORM		SCORE		AMOUNT DUE:		FEE RECEIVED:	
MATHEMATICS								METHOD OF PAYMENT: <input type="checkbox"/> BUSINESS CHECK <input type="checkbox"/> MONEY ORDER			
LA – WRITING								NUMBER:			
SCIENCE								PRACTICE TEST SCORE:			
SOCIAL STUDIES								APPLICANT ID:		EXPIRATION:	
LA – READING								DEMO FORM <input type="checkbox"/> COMPLETED <input type="checkbox"/> NOT NEEDED		RECEIVED BY:	
										DATE:	

FORM REVISED: 10/04/2011