

GED® TESTING REGISTRATION FORM

Four County Area Vocational Cooperative
1607 E. Dowling St., Kendallville, IN 46755
888-349-0250 or (260) 349-0250 ext. 251

NAME: _____
(first) (LAST) (M.I.)

ADDRESS: _____
(Street) (City) (State) (ZIP)

HOME PHONE: ____/____/____ WORK PHONE: ____/____/____

CURRENT AGE: _____ BIRTHDATE: ____/____/____ SSN# ____/____/____

Please copy and send or bring three forms of your identification to register for the GED test. One form of identification MUST BE AN INDIANA PHOTO IDENTIFICATION, such as a drivers license or ID card. If you are age 17 or 18, you will also need to provide documentation that you are no longer enrolled in a regular high school program. Age 17 must also include documentation of successfully passing the GED Pre-test.

ARE YOU AN INDIANA RESIDENT FOR AT LEAST 30 DAYS? Yes ___ No ___ IN WHICH COUNTY DO YOU CURRENTLY LIVE? _____
LAST SCHOOL ATTENDED _____ HIGH SCHOOL WITHDRAWAL DATE ____/____/____

HAVE YOU ATTENDED GED PREPARATION CLASSES IN THE PAST YEAR? YES ___ NO ___ If yes, please indicate which class below:
___am Auburn ___pm Auburn ___Kendallville Library ___pm Kendallville ___Garrett ___Butler ___Vistula/LaGrange
___am Angola ___pm Angola ___Albion ___Waterloo ___Shipshewana ___Topeka ___Stroh ___Other _____

HAVE YOU PREVIOUSLY TAKEN THE GED TEST? YES ___ NO ___ IF YES, WHEN? ____/____/____

TESTING LOCATION YOU PREFER: GARRETT _____ KENDALLVILLE _____ ANGOLA _____ LAKELAND _____ TOPEKA _____

Testing date you prefer: 1st choice ____/____/____ 2nd choice ____/____/____

If retesting - please list the tests you are retaking: _____

PRE-REGISTRATION IS REQUIRED FOR ALL STUDENTS WANTING TO TEST FOR THE GED. NO STUDENT WILL BE ALLOWED TO TEST AT ANY GED TESTING SITE IF THE STUDENT HAS NOT PRE-REGISTERED..

Applicants must enclose payment and identification copies for testing with this registration form. Your money order should be made payable to: **Four County Area Vocational Cooperative. NO PERSONAL CHECKS PLEASE!** Cost: **\$50.00** for the complete test and **\$15.00** for each individual test you are retaking. If paying in person, you may bring cash and three forms of identification to the above address. **PAYMENT IS FORFEITED IF, FOR ANY REASON, THE APPLICANT DOES NOT ATTEND THE SCHEDULED TESTING SESSION. NO EXCEPTIONS, TRANSFERS OR REFUNDS FOR ANY REASON.**

IF YOU HAVE A DISABILITY THAT MAY AFFECT YOUR PARTICIPATION ON THE GED TEST, PLEASE CALL 260-349-0250 ext. 251 TO DISCUSS YOUR NEED FOR TESTING ACCOMMODATIONS.

I certify that the information I have given on this form is true and correct. I understand that any deliberate misrepresentation is considered fraudulent, will void test scores, and may subject me to prosecution under applicable State and Federal laws.

Signature: _____ Date: ____/____/____

updated 5/09