

WARSAW COMMUNITY SCHOOLS
GED Testing Registration

Please print all information except for requested signature lines

Today's Date _____

Name _____
Last First Middle Maiden

Address _____
(Where you want results sent) Street City State Zip Code

Telephone Number _____ Present Age _____

Date of Birth _____ Social Security Number _____ - _____ - _____

How long have you lived in Indiana? _____ (Years / Months)

Last School attended _____
Name of School City State

Year last attended school? (example: 1996) _____ Highest Grade Completed _____

Have you taken the GED exam before? _____ If yes, where/when _____

Have you studied for the GED test at an Adult Learning Center _____ yes _____ no

If so, where did you study _____ When _____

Do you have any medical concerns we should be aware of that you would like to make known?
_____ No _____ Yes (Please specify _____)

Do you need to have the test given in Spanish? _____ No _____ Yes

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

Signature _____

Warsaw GED Test Site has my permission to release my score to (check all that are applicable)

_____ Alternative Learning Center _____ Potential Employers

_____ Post Secondary School Admission's Offices _____ Career Resources

_____ Veteran's Administration _____ Military

_____ Other (specify) _____

Signature _____

For Office Use Only:

\$60.00 Test Fee Paid _____

3 Pieces of Identification Copied & attached to Registration information _____

17 year olds _____

Exit Interview _____

Pr. Test _____

Spanish testing _____