

GED® TESTING REGISTRATION FORM

Four County Area Vocational Cooperative
1607 E. Dowling St.,
Kendallville, IN 46755
888-349-0250 ext. 251 or (260) 343-2163

Name: _____
(first) (last)

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

Contact phone #: ____ / ____ / ____ email: _____

Age: _____ Birthdate: ____ / ____ / ____ SSN# ____ / ____ / ____

ARE YOU AN INDIANA RESIDENT FOR AT LEAST 30 DAYS? Yes ____ No ____

DID YOU ATTEND A GED PREPARATION CLASS? ____ Yes ____ No IF YES, WHICH LOCATION? _____

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

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

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

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

REGISTRATION INFORMATION:

1. 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.
2. Three forms of your identification are required to register for the GED test. One form of identification must be an Indiana issued photo identification such as a drivers license or id card.
3. If you are age 17 or 18, please provide documentation that you are no longer enrolled in a high school program.
4. Applicants must enclose payment and identification copies for testing with this registration form.

GED TESTING FEE:

1. \$55.00 for the complete test and \$20.00 for each individual test you are retaking. FCAVC also accepts MASTER CARD or VISA for payment. However, an additional \$2.00 charge will be required for the use of this service. **PERSONAL CHECKS ARE NOT ACCEPTED!** Your money order should be payable to: Four County Area Vocational Cooperative.

IF YOU HAVE A DISABILITY THAT MAY AFFECT YOUR PARTICIPATION ON THE GED TEST, PLEASE CALL: 260-343-2163 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 State and Federal law.

SIGNATURE: _____ DATE: ____ / ____ / ____