

UKIAH Adult School – GED Test Registration Form

ID: _____ Fee: _____

SS#: _____

Name: _____
Last First Middle

Address: _____ City _____ Zip _____

Home Phone: _____ Work/Emerg. Phone: _____

Birth date: _____ Male _____ Female _____

Test(s) Registering For: Language Arts Writing Science Math Social Studies Language Arts Reading

Is This a Retest? Yes _____ No _____ When: _____

Language Arts Writing Science Math Social Studies Language Arts Reading

Which form(s) did you use? _____

Your Mother's Maiden Name (for confidentiality): _____

Name & Location of Last High School Attended: _____

City _____ State: _____

Did you receive a High School Diploma? Yes _____ No _____

I understand that payment of the testing fee guarantees me an opportunity to take the GED test on _____ and _____.

Absence, without prior notification (48 hours), will result in loss of fees. _____
Initial

Signature: _____

Date: _____