

Application to Write General Educational Development (GED) Tests

ALBERTA STUDENT NUMBER

LEGAL SURNAME

LEGAL FIRST AND MIDDLE NAMES

First Name	Middle Name
<input type="text"/>	<input type="text"/>

FORMER NAME (if applicable)

Surname	First Name
<input type="text"/>	<input type="text"/>

BIRTH DATE (e.g., 88 Jul 20)

Year	Month	Day	SEX	M--Male	F--Female	TELEPHONE	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERMANENT ADDRESS

Apt/Street/Ave/P.O. Box/Route		
<input type="text"/>		
Village/Town/City	Prov	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMAIL ADDRESS

LAST SCHOOL ATTENDED

School Name	LAST YEAR ATTENDED	<input type="text"/>	LAST GRADE COMPLETED	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Village/Town/City	Prov			
<input type="text"/>	<input type="text"/>			

PREVIOUS GED WRITING LOCATION (If applicable)

Writing Centre Name	Village/Town/City	Prov
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever applied for or used test writing accommodations when writing tests in the past? Yes No
 If yes, which accommodations? _____

Will you be requesting the use of test writing accommodations for the GED tests you are applying to write? Yes No
 If yes, which accommodations? _____

For which scheduled GED test administration session are you applying to write?

Writing Centre Name	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

	Indicate with a check (✓) the test(s) you will be writing for the first time.	Indicate with a check (✓) the tests(s) you will be rewriting.	If rewriting, indicate the date(s) the test(s) were previously written		
			Date of Most Recent Prior Writing	Date of First Writing	Other Prior Writing Date(s)
Language Arts Writing	<input type="checkbox"/>	<input type="checkbox"/>			
Language Arts Reading	<input type="checkbox"/>	<input type="checkbox"/>			
Science	<input type="checkbox"/>	<input type="checkbox"/>			
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>			
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>			

Applicant Declaration: All applicants must check, sign, and date the following declaration and waiver.

I solemnly declare, by indicating with a check (✓), that:

- The information I have supplied on this form is true to the best of my knowledge.
- I am aware that I must present signed photo identification each time I write a GED test.
- I have not written a GED Language Arts Writing, Language Arts Reading, Science, Mathematics, or Social Studies test **more than twice** in this calendar year.
- I am over 18 and have been out of school for at least 10 consecutive months or have received approval from the GED Provincial Administrator to write the requested GED test(s) (attach letter of approval).
- I am aware of and understand my rights and responsibilities related to the use of test writing accommodations.
- I have read and understand the *Policy on Responsibilities of GED Examinees and Ownership of Tests, Scores, and Other Data* and agree to maintain the confidentiality of all test questions and essay prompts.
- I have read and understand the *Privacy Policy*.
- I understand that the personal information collected on this form pursuant to section 33(c) of the *Freedom of Information and Protection of Privacy Act* will be used to process and administer the writing and/or rewriting of the General Educational Development Test(s). This information will be used for the purposes stated, by Alberta Education only.

Signature of Applicant _____ Date _____

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