

**NYE COUNTY SCHOOL DISTRICT  
GED® TEST REGISTRATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Social Security # \_\_\_\_\_ Gender Male Female

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Year You Attended School \_\_\_\_\_

Ethnicity : \_\_\_\_\_ Hispanic \_\_\_\_\_ American Indian \_\_\_\_\_ Black  
\_\_\_\_\_ White \_\_\_\_\_ Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Pacific Islander \_\_\_\_\_

**PLEASE READ THE FOLLOWING CONDITIONS FOR TESTING. APPLICANT MUST INITIAL EACH ONE AND SIGN BELOW..**

- \_\_\_\_\_ I have not graduated from an accredited high school, nor am I currently enrolled in High School.
- \_\_\_\_\_ I have not received a high school equivalency certificate/diploma from any state, province, or territory.
- \_\_\_\_\_ I have not previously earned GED scores sufficient to qualify for a high school equivalency certification/diploma
- \_\_\_\_\_ I understand that GED Testing Service regulations prohibit taking of any of the GED tests more than three times during any calendar year.
- \_\_\_\_\_ I affirm that I meet **all** the eligibility requirements and that the above statements are true to the best of my knowledge.
- \_\_\_\_\_ I understand that I am responsible for finding out when the GED test is scheduled.
- \_\_\_\_\_ I understand that a testing session may be cancelled for lack of sufficient number of participants.
- \_\_\_\_\_ I understand that if I am absent or late for my scheduled GED test, I must reschedule to test.
- \_\_\_\_\_ I understand that I need to pass the GED test by December 31, 2013 and if I do not earn passing scores, I need to take the entire 2014 Series GED Test.
- \_\_\_\_\_ I understand that the current version of the GED test is expiring at the end of 2013 and that my scores expire too if I don't finish and pass the test by then.
- \_\_\_\_\_ I will notify the Testing Center if I have taken the GED before. (If you have taken the GED before and fail to inform us, any scores you earn at this point will be cancelled)
- \_\_\_\_\_ I understand that I must complete my initial testing of all 5 sections in no more than two sessions held within a period of 6 weeks. If I fail to complete the tests within the 6-weeks, the results of my testing become invalid.
- \_\_\_\_\_ I understand that if I complete my initial testing within the 6 week period but fail to achieve the minimum scores, I may retest on the test or tests which I failed.
- \_\_\_\_\_ I understand that if my scores qualify to receive a Nevada High School Equivalency Certificate, I may not retest.
- \_\_\_\_\_ I understand that if any information on this form is found to be incorrect, any score I earn will be cancelled.

**Testing Fees are NON-REFUNDABLE  
Test fee is \$65. NO PERSONAL CHECKS  
You MUST bring your receipt with you to each testing session!**

**INFORMATION RELEASE**

I give my permission for Nye County Adult Education to release testing information and scores to educational institutions, employer verifications, military inquiries, technical colleges, and any other entities that may make a request, without further written permission.

Signature \_\_\_\_\_