



# GED Testing Program Adult Education/Application for Admission Lancaster County

(Please type or print clearly. Keep a copy for your records.)

Lancaster County GED Testing Center Office Hours: Monday – Friday 8:30 AM – 4 PM  
717.606.1363 or 717.606.1364 • 1016 North Charlotte Street, Lancaster, PA 17603

## Personal Information

- 1. Name (First, Middle, Last) \_\_\_\_\_
- 2. Current Address (Street Number and Name, City, State, Zip Code) \_\_\_\_\_
- 3. Social Security Number \_\_\_\_\_
- 4. Access Code \_\_\_\_\_
- 5. Date of Birth (Month/Day/Year) \_\_\_\_\_
- 6. Sex  Male  Female \_\_\_\_\_
- 7. Phone # (with area code) \_\_\_\_\_
- 8. Last School Attended \_\_\_\_\_
- 9. Highest Grade Completed \_\_\_\_\_
- 10. School District of Residence \_\_\_\_\_

If the information you provided on this form is found to be incorrect, the Official GED Testing Center's Examiner can refuse to administer or score the GED Tests and the Pennsylvania Department of Education can refuse to issue a score report or Commonwealth Secondary School Diploma based on your test results.

## Certification/Release of Information

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <b>Yes</b>               | <b>No</b>                |   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. I want to take the GED Test in English (Spanish Available)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. I am a resident of Pennsylvania. If NO, you may not test in Pennsylvania.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. I AM AT LEAST 18 YEARS OLD. If NO, you may not be eligible to take the GED Tests. Please contact our Lancaster County office for further information. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. I took a GED preparation course. If YES, indicate where: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. This is the first time I have taken the GED Tests since January 1, 2002.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. If your answer to #15 is NO, where and when did you take the GED Tests previously?  |

_____	_____	_____	_____
Name of Test Site	City	State	Year

Yes  No I authorize the release of my GED Test information for educational, military, or other employment purposes.

I certify that I have not graduated from an accredited high school in the United States or Canada; that I am not currently enrolled in high school; that I meet all eligibility requirements; and that the above statements are true to the best of my knowledge.

Signature of Applicant \_\_\_\_\_

## Certification/Release of Information

- 17. If you wish to sign up for tests individually, check the test(s) you wish to take and enter the total dollar amount in #18.
- 18. If taking the full test enter \$115 in box below. To determine total due for individual test fees go to #17 and enter that amount in box below.

- Language Arts – Writing.....\$25.00
- Social Studies.....\$25.00
- Science.....\$25.00
- Language Arts – Reading.....\$25.00
- Math.....\$25.00

**NO CASH. Checks/Money orders must be made payable to LLIU13. Mastercard, VISA, and Discover are also accepted.**

Write your name on your payment; cash will NOT be accepted. Return the completed application and payment to address above.

**FEEs ARE NOT REFUNDABLE**

\$

**PERSONS WHO ARE ABSENT FOR THEIR SCHEDULED TEST MUST REAPPLY AND REPAY APPLICABLE FEES.**

## Date Request

19. Print the date of the session you wish to attend. Contact our office for available test Dates.

<u>Lancaster CareerLink</u>	_____	_____	<u>Lancaster CareerLink</u>	_____	_____
Test Site	Test Date 1 <sup>st</sup> Choice	Test Time	Test Site	Test Date 2 <sup>nd</sup> choice	Test Time

Please read the following test regulations carefully. If you have any questions, please call our office at 717.606.1363 or 717.606.1364.

### Registration

1. All GED Test candidates **MUST** register and make payments in **PERSON ONLY** by the deadline indicated on the GED testing schedule. GED test regulation is done at the Lancaster CareerLink, 1016 North Charlotte Street, Lancaster, PA 17603 from 8:30 AM – 4 PM, Monday through Friday in order to be registered for the GED Test.
2. You must be a Pennsylvania resident to register for the GED test. A PA driver's license or non-license photo ID issued by the PA Department of Transportation must be presented both at the time of registration and at the time of testing.
3. You must be at least 18 years of age to register for the GED test. Individuals who are 16 or 17 years of age may be permitted to test under certain circumstances. If you are 16 or 17 years of age, please ask GED staff members about the documentation you will need prior to registration.
4. Test slots are filled on a first-come, first-served basis and spaces for testing will not be held pending registration or payment.
5. I hereby acknowledge that the GED Testing Service regulations prohibit taking any of the GED Tests more than three times during any calendar year. (January 1 to December 31). I affirm/certify that I have not already taken the GED Tests more than twice during this year in any state.
6. I understand that scores on any GED Tests taken more than three times during a year will be invalidated and that if I violate this rule, I may be subject to an additional waiting period before being allowed to take the GED Tests again.

### Payment

1. The full battery (all five sections) of the GED Test costs \$115.00. Individual sections can be taken at a cost of \$25.00 each. You will need to know when you register which test you intend to take.
2. Checks or money orders are accepted as payment at the time of registration. Checks should be made payable to LLIU13. VISA, MasterCard, and Discover credit cards are also accepted. A receipt or Test Date Notification card will be issue to you.
3. **Payment is non-refundable.** Every month, the testing center has more people interested in testing than spaces available. When you register for the GED test you are purchasing a slot that cannot be given to anyone else. With one week's prior notice, you may re-schedule your testing date one time only. We cannot re-schedule your test with less than one week's notice.
4. Should extenuating circumstances occur, such as a death in the family or serious illness, you may request a one-time fee waiver by sending a written request and supporting documentation to the GED Chief Examiner, Lancaster-Lebanon IU 13, 1016 North Charlotte Street, Lancaster, PA 17603.
5. In case of inclement weather, check announcements concerning Lancaster-Lebanon IU 13 activities on WGAL-Channel 8 or you may call the office at 717.606.1363 or 717.606.1364.

### Testing

1. The GED testing center is located at the Lancaster CareerLink at 1016 North Charlotte Street, Lancaster, PA 17603.
2. Please remember to bring PA Photo identification and the receipt of confirmation when you come to take the GED Test.
3. It is important that you arrive 15 minutes prior to the GED test time. No one will be admitted once the testing session has begun.
4. Personal belongings (including cell phones) will be placed in a storage area in the testing room. Please bring as little as possible to the testing room.

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*Enclose the signed form below with your application.*  
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### Certification of Understanding

*I have read all of the GED test regulations and agree to comply with them. I understand that my payment is non-refundable.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Amount Paid**

\$

Check \_\_\_\_\_

Money Order \_\_\_\_\_

Credit card \_\_\_\_\_



**GED Testing Program**  
**Adult Education/GED Test Application Release**  
**Lancaster County**

**ONLY COMPLETE THIS SECTION IF YOU ARE BETWEEN  
THE AGE OF 17 to 21 YEARS OF AGE**

Name of Home School District: \_\_\_\_\_

City and State of Home School District: \_\_\_\_\_

Year You Were Scheduled to Graduate: \_\_\_\_\_

Year You Withdrew from School: \_\_\_\_\_

Do you authorize the release of information about your GED scores to the School District listed above?

Yes

No

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Do you authorize the release of information about your GED scores to the following people or organizations?  
Please check the appropriate boxes and sign your name.

Parent

IU 13 Instructor

Welfare

CareerLink

Probation

Other  \_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_