



HIGH SCHOOL GED® PROGRAM Pre-Test Referral Form

Date of Referral: _____ Requested Pre-test Date: _____ Guidance Counselor _____

TYPE OF REFERRAL: (check primary one)

Administrator Court Order Guidance Counselor Parent
 Child Study Disciplinary Hearing Placement Hearing

STUDENT'S NAME _____ GRADE _____ AGE _____ DOB _____

GENDER _____ RACE _____ Social Security # _____ SCHOOL _____

Sp. Ed. Classification? _____ (If the student has an IEP, it must accompany this referral)

Student's Graduation year (for the class with which this student began kindergarten) _____

Is student enrolled in a vocational program? _____ Which? _____ ? Completion date _____

PARENT/GUARDIAN _____

ADDRESS: (HOME) _____

(MAILING (IF DIFFERENT)) _____

PHONE (home) _____ (work) _____ (cell) _____

Parent/Guardian's e-mail address _____

PARENTAL CONSENT FORM

I/We understand the components of the High School GED® Program and agree that it is in the best educational interest of my/our child to be tested to determine if he/she is eligible to attend one of the three areas: GED® Prep, Accelerated GED® or ISAEP. I/We give my/our permission for my/our child to be tested as an academic assessment for entry into the High School GED® Program.

I/We understand that if my/our child is eligible for the ISAEP program, I/we will attend a parent/student meeting with the ISAEP staff to discuss his/her educational plan and the expectations of the program. After fully understanding the program, I/we will give written consent so that he/she can enroll in the ISAEP Program prior to the beginning of the ISAEP cycle in which he/she will be enrolled.

DATE: _____

Parent/Guardian Signature: _____

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