

**RICHLAND ONE ADULT EDUCATION CENTER**  
**GED TEST REGISTRATION FORM**  
**GED® Test Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_

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

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

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

Cell Phone Number \_\_\_\_\_ Gender: M F

E-mail \_\_\_\_\_ Ethnicity \_\_\_\_\_ Hispanic

Last School you attended \_\_\_\_\_ American Indian

\_\_\_\_\_ Black

Adult Education you attended \_\_\_\_\_

\_\_\_\_\_ White

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ or Alaskan Native

Last Year you attended school \_\_\_\_\_

\_\_\_\_\_ Asian

County \_\_\_\_\_

\_\_\_\_\_ Islander

Date of Testing \_\_\_\_\_ City: \_\_\_\_\_ 1<sup>st</sup> Time Tester \_\_\_\_\_ Yes \_\_\_\_\_ No  
1<sup>st</sup> Choice

Date of Testing: \_\_\_\_\_ City: \_\_\_\_\_ Retesting? \_\_\_\_\_ Yes \_\_\_\_\_ No  
2<sup>nd</sup> Choice (this date and city will only be used if your first choice is not available)

Continuing and Retesters: Previous Testing Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Testing Fees are NON-REFUNDABLE**

Please be prepared to pay **\$80.00** for the full battery (1<sup>st</sup> Time Testers) or  
**\$16.00** for each subject on retest (**Retesting Examinees**).

**No personal checks**

**Payment Due Today**

All five (5) tests in one day \_\_\_\_\_ OR Tests 1 and 2 \_\_\_\_\_ 1<sup>ST</sup>. CHOICE \_\_\_\_\_ 2<sup>nd</sup> CHOICE \_\_\_\_\_

**If you are selecting to take the test in 2 parts, you must sign up for both sections**

Tests 3, 4 and 5 \_\_\_\_\_ 1<sup>ST</sup>. CHOICE \_\_\_\_\_ 2<sup>nd</sup> CHOICE \_\_\_\_\_

Repeat Testers or Continuing Testers: circle which test/tests you wish to take

Mathematics

Language Arts Writing

Social Studies

Science

Language Arts Reading

***Day Testers Must Arrive by 7:45 a.m.***

***Evening Testers Must Arrive by 3:45 p.m.***

**PLEASE ARRIVE 15 MINUTES BEFORE YOUR TEST TIME.**

**INFORMATION RELEASE**

I give my permission for the GED Testing Office to release testing information and scores to educational institutions, employer verifications, military inquiries, technical colleges, and any and all other entities that may make a request, without further written permission.

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

Signature (**\*required**) \_\_\_\_\_

Please bring the following items with you at time of testing

Valid State Issued Picture ID and Payment Receipt

2612 Covenant Road, Columbia, SC 803 251-4512

## GED Candidate Conduct Policy

Name \_\_\_\_\_

The GED Testing Service® of the American Council on Education® requires strict enforcement of testing standards. I have been advised that my scores will be invalidated and my GED diploma will be denied or revoked if I engage in any of the following misconduct:

- Presenting false identification
- Impersonating someone else
- Receiving test questions or answers in advance
- Talking during the test
- Copying from another examinee
- Removing or attempting to remove any part of the test from the testing room
- Use of unauthorized aids
- Taking an unauthorized time extension
- Leaving my seat during testing without permission from the examiner
- Sitting in a seat other than the one assigned to me by the examiner
- Disclosing any items or essay topic from the test after the testing session
- Falsifying a GED diploma or transcript
- Taking the same form of the GED Tests more than once
- A cell phone is found on my person during test administration either in the on or vibrate position
- My cell phone rings during test administration
- And/or other misconduct or behavior determined to be inappropriate by the GED Chief Examiner or GED Administrator

Suspected violation of any of these rules will result in removal from the Testing Room and a loss of testing privileges.

### RESCHEDULING POLICY

I understand that once I have paid to take the GED Exam, I must take the exam on the day scheduled **OR** I will pay a \$40.00 Rescheduling Fee (or ½ the original testing fee.). The only exception – If I call and speak with a GED representative for approval before the scheduled testing day.

### **No Refunds are given.**

**WARNING:** We no longer send out confirmation letters. You may go to [www.scged.org](http://www.scged.org) and click the link for GED testing information. There will be a link that says “Check to verify if you are on the Test Roster” Please read directions carefully. You may call the GED office at (803) 734-8347. It is **YOUR** responsibility to check with the GED testing center or check the test roster. **ALL FIRST TIME TESTERS MUST BE REGISTERED IN THE GED WIZARD. THIS IS YOUR RESPONSIBILITY**

### **Failure to Correct Name and Address Errors on the Day of the GED Exam**

I understand that I will pay a \$5.00 replacement fee, if I fail to make appropriate name and address changes on my client profile sheet on the day of my GED exam. If my GED transcript and/or Diploma are returned to the GED Testing Office by the Postal Service for an improper mailing address or if I request that corrections be made to my name or mailing address after my Diploma and GED transcript are printed, I will pay the \$5.00 fee.

### GED TEST BOOKLET FINES

I understand that writing, marking, damaging, or altering the Official GED Testing Booklets in any way, may result in a fine up to **\$200**. My GED scores will be held until all fines are paid in full.

I understand and have read all information concerning the South Carolina GED testing procedures found at <http://www.ed.sc.gov/agency/Standards-and-Learning/Adult-Education/old/ace/ged/GEDBrochure.html>

Signature: (\*required) \_\_\_\_\_

**Signing this form indicates that you have read and agree to comply with these testing guidelines.**