

INDEPENDENT LEARNING CENTRE CENTRE D'ÉTUDES INDÉPENDANTES

General Educational Development (GED) Tests Application



General Educational Development 2180 Yonge Street – 1st Floor Toronto, ON M4T 2T1 Felephone: (416) 484-2737 1-800-573-7022 Email: ged@tvo.org

IMPORTANT: to write a GED Test you must

be at least 18 years of age,

have been out of school for at least one full year,

not have graduated from high school,

• be a resident of Ontario.

Please print your personal information clearly in the spaces on the form.

Last name(as per I.D. submitted) First name Middle name Last name at birth E-mail address City Apt. Number Mailing Address (building number and street name) Province ON Postal Code Telephone number (include area code) Daytime telephone number () Date of Birth Last grade completed at school Age Male month day year Sex: Female Grade: Year Month To write the five tests for the first time I am applying Tests may only be written twice in any calendar year. To rewrite the following test(s) 2. Language Arts, Reading 3. Mathematics 4. Social Studies 5. Science 1. Language Arts, Writing You must rewrite any test where your standard score is less than 450. A rewrite is allowed with no waiting period if the score is 400 or more. If the score is 390 or less, you cannot rewrite for 3 months. Use this time to prepare.

FEES	order, Visa, or Maste	rcard. An NSF cheque v		The fee can be paid by certified cheque , money and your test scores will be withheld. empted rewrite .
\$100.00 to be paid b	y 🗌 Visa	Mastercard	Money Order	Cheque Certified by your Bank
Card number				Important: Make your certified cheque or money order payable to TVO - GED
Expiry date N	Name of cardholder		Signature of ca X	rdholder
To the best of my know			EASE READ CAREFULL	—
Signature			Date	
eligibility purposes and for		e GED certificate. This information		ion 8 (q) and Chapter 237. The information will be used for O for statistical purposes. For additional information,

In addition, I am requesting

to write a special edition of the test:

to write the test with special accommodations (You will need to complete the appropriate form).

Please note it takes approximately 2 months to process application forms where special accommodations are requested.

If you need a special accommodation (e.g. extended time, private room, frequent breaks) because of a physical, psychological, or learning disability, it must be documented by a qualified professional. Please note it takes approximately 2 months to process application forms where special accommodations are requested.

Please phone (416) 484-2737 or 1-800-573-7022 to get the special accommodation form that you need to submit with this application or print it from our website: www.ilc.org

Refer to the Test Schedule. Indicate below the session code (example T-01) for your first choice (and where applicable, your second and third choice) for writing your GED test(s). Your application must be received at least 21 days prior to the session.

First choice:	Second choice:			Third choice:			
PROOF OF IDENTITY	 When you send in your application form and fee, you must provide proof of age. A photocopy of a Canadian birth certificate, Canadian passport, Ontario driver's licence, or Ontario photo health card is acceptable. <i>IMPORTANT:</i> When you arrive to write your test, you must present photo identification and proof of age, e.g. your Ontario driver's licence, Canadian passport, or Ontario photo health card. A photocopy will NOT be accepted. 						
SEND YOUR APPLICATION TO	GED	OR	If paying t	by credit card :			
	2180 Yong P.O. Box 2	ent Learning Centre ge Street, 1 st Floor 200, Station Q DN M4T 2T1	By Fax: (4	416) 484-2750			
Your application will be returned to you, if any one of the following items is missing:							
	🗌 test	test session choices indicated completed and signed application					
proof o		of age (ONTARIO issued)		payment of \$100 fee			
	date of leaving letter for candidates who are 18 years old						
	A letter will be sent to confirm your test dates. If you have not received your confirmation letter within three weeks, please contact our office.						
		If you cannot attend you ior to the test date or you		session, please contact us at least one 5 rescheduling fee.			
For our information,		a friend/relative		□ an advertisement			
how did you f		-,		\Box a local school/community college			
about GED?		Canada Employmen	t Centre	\square a resource centre			

other