

General Educational Development (GED) Tests Application



General Educational Development

2180 Yonge Street - 1st Floor Toronto, ON M4S 2B9

Telephone: (416) 484-2737 1-800-573-7022

Email: ged@tvontario.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 pe	ersonal informati	ion clearly in th	e spaces on the for	rm.					
Last name(as per I.D. submitted)			First name			Middle na	Middle name		
Last name at birth						E-mail add	E-mail address		
	_								
Apt. Number Mailing Address (building			g number and str	reet name)		City	City		
								ON	
Postal Code Telep			hone number (in	clude area code)	Daytime to	Daytime telephone number		
		()				()		
Date of Birth	İ	Age	Last grade cor	mpleted at school	I		☐ Male	2	
month day year			<u> </u>			M 41-	Sex:		
			Grade:	Year	ľ	Month	Ш		
			L						
I am applying	☐ To writ	e the five tes	ts for the first tim	е	To	ete may only he	written twice in any	v calondar voar	
	☐ To rew	rite the follov	ving test(s)		76	sts may omy be	written twice in any	y careridar year	
1.Language A	rts Writing	∏ 2 Lar	iguage Arts, Rea	ding \square 3	Mathema	atics \square_4	Social Studies	5. Science	
	aro, mang		.gaago / 11.10, 11.0a	og	Matrionic				
You must rewrite more. If the score							ting period if the score	e is 400 or	
more. If the score	e 15 390 01 1655	s, you cannot	rewrite for 3 mor	nuns. Ose uns un	e to prep	oare.			
FEES	A non r	ofundable fo	oo of \$90.00 mus	ot accompany vo	ır appliac	ation. The fee ee	n ha naid by cortific	d chaqua mono	
ree3	order, V	isa, or Maste	rcard. An NSF o	heque will result	in a \$35	charge and your	n be paid by certified test scores will be wi		
	Please i	note that ther	e is a non-refun	dable fee of \$80	.00 for ea	ach attempted re	write.		
\$80.00 to be pai	dby \square	Visa	☐ Mastercar	d 🗆 Mor	iey Order	. Па	neque Certified by yo	ur Bank	
•	ару	visa	iviastercar	u 🗀 Moi	ley Order		neque Certined by yo	ui balik	
Card number						Impo	ortant: Make your certifie	ed cheque or	
						mone	ey order payable to TVO	ntario - GED	
Expiry date	Name of c	ardholder		ĺ	Signatu	re of cardholder			
					x				
			VERY IMPORTA	ANT PLEASE RI	AD CAR	REFULLY			
To the best of my	knowledge, the	e information l	have given on this	s application is con	nplete and	d correct.			
								·	
Signature					Da	ate			
eligibility purposes a	ind for evaluation r	equirements of t	he GED certificate. Th	tatutes of Ontario, 198 nis information may al	80, Chapter so be used	129, Section 8 (q) and by the TVOntario for	d Chapter 237. The informatistatistical purposes. For add	tion will be used for ditional information,	
please contact the G				,				•	

	n requesting								
	to write a spe	ecial edition of the	test:] large print					
	to write the test with special accommodations (You will need to complete the appropriate form).								
Please note it ta	kes approxima	tely 2 months to p	rocess app	lication forms	where special acc	commodations are re	equested.		
psychological, o	r learning disa		ocumented	l by a qualified	l professional. Ple	reaks) because of ease note it takes a			
		or 1-800-573-7022 ebsite: www.ilc.or		e special acco	mmodation form t	hat you need to sub	omit with thi		
Refer to the Test second and third	Schedule. Indi choice) for writi	cate below the ses	ssion code). Your appl	(example T-01 lication must be	l) for your first cl e received at least	noice (and where ap 21 days prior to the s	pplicable, yo session.		
First choice:		Second	d 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. IMPORTANT: 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			OR	By Fax: (4	y credit card : 16) 484-2750 ged@tvontario.org	3			
	Vaur annlia	ation will be weturn	med to you	u if any ana a	of the fellowing i	tomo io missina:			
		ation will be retur	-	-	leted and signed	_			
	_	of age (ONTARIO			ent of \$80 fee	арриосион			
	date of leaving letter for candidates who are 18 years old								
	confirmation	on letter within th	nree weeks end your	s, please cor confirmed se	ntact our office.	ave not receive	·		
		to the test date	or you will	ιι πιοαι α φ <u>2</u> ο		С.			