Complete and mail form to Greater Johnstown School District, 1091 Broad Street Johnstown PA 15906

Greater Johnstown School District
GED Test Application

1. _____ _____ _____
Last Name First Name MI

2. _____ _____ _____ _____
Street Address City State Zip

3. _____
Social Security No

4. _____ _____
Birth Date Age

5. Reason for taking test: (Check One)

◯ Employment ◯ Promotion ◯ Cosmetology

◯ Personal Satisfaction ◯ School Admission ◯ Armed Forces

6. Are you a Pennsylvania Resident? ◯ Yes ◯ No

7. Are you on Active Military Duty? ◯ Yes ◯ No

8. Highest grade completed? ◯6 ◯7 ◯8 ◯9 ◯10 ◯11 ◯12

9. Has your last class of membership graduated? ◯ Yes ◯ No

10. School system _____ State _____

11. Date withdrew from school: _____ Month _____ Day _____ Year

12. Have you attended a GED class? ◯ Yes ◯ No

13. If Yes to above question, number of hours attended? _____

14. Have you taken a GED test before? ◯ Yes ◯ No

15. If Yes, where? _____ Date: _____

16. Signature _____

For Office Use

Test Date _____ Form _____

	Std	Pct		Std	Pct
Writing Skills	_____	_____	Reading Skills	_____	_____
Social Studies	_____	_____	Math	_____	_____
Science	_____	_____	Total	_____	_____