

Official GED Test Fee Waiver Voucher
Rappahannock Area Regional Adult Education
(Please print clearly)

Name: _____

Last

First

Middle

Street Address _____

City/State _____ Zip Code _____

Daytime Phone Number _____ e-mail _____

Social Security # _____ Birth Date _____

1) How many hours has this student attended class? _____ (minimum 30)

2) Pretest **scaled score** for this student? _____
TABE 9/10? ___ Level E, M, D, or A? ___ Reading/Math/Language? _____

3) Posttest **scaled score** for this student? _____
TABE 9/10 ___ Level E, M, D, or A? ___ Reading/Math/Language? _____

4) Practice Test Information: (minimum 450 on each)
Form PA, PB, PC, PD, PE, PF ? _____

Scores: Science _____ Social Studies _____ Reading _____
 Math _____ Writing _____
 Total Score _____ Average Score _____

The information listed above is correct and this student has fulfilled the requirements for having the GED test fee waived.

GED Teacher

Date

Class Code

Testing Date

I understand that I am required to complete all of the above information in order to participate in split testing and/or have my test fee paid by RARAE.

Student Signature

Date