

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 12)

2) Pretest **scaled score** for this student? _____

TABE 9 ___ Level E, M, D, or A? _____ Reading or Math? _____

3) Posttest **scaled score** for this student? _____

TABE 10 ___ Level E, M, D, or A? _____ Reading or Math? _____

4) Practice Test Information: (minimum 410 on each, 450 average)

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