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? _____

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:

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