



**Independent Learning Centre  
General Educational Development**

2180 Yonge Street - 7th Floor  
Toronto ON M4S 2B9  
Telephone (416) 484-2737 1-800-573-7022  
E-mail: 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 personal information clearly in the spaces on the form.

Last name (as per I.D. submitted) \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Last name at birth	Social Insurance Number	E-mail address (optional)
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Apt. Number	Mailing Address	City	Province ON
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Postal code	Telephone number (include area code) (      )	Daytime telephone number (include area code) (      )
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Date of birth	Age	Last grade completed at school	Sex
month    day    year		Grade: _____ Year _____ Month _____	<input type="checkbox"/> female <input type="checkbox"/> male

**I am applying**     to write the five tests for the first time  
 to rewrite the following test(s)

**Tests may only be written twice in any calendar year.**

*You must rewrite any test where your standard score is less than 450. If you got a passing score on a test, but an employer or educational institution verifies that a higher score is needed, you can rewrite the test.*

*A rewrite is allowed with no waiting period if the score is 400 or over. If the score is less than 400, you cannot rewrite for 3 months. Use this time to prepare.*

- Language Arts, Reading
- Language Arts, Writing
- Mathematics
- Social Studies
- Science

I wrote the original tests (give date) \_\_\_\_\_

**In addition, I am requesting**     to write a special edition of the test  
 large print

to write the test with special accommodations (you need to complete the Form L-15)  
 audio cassette  
 braille

*If you need a special accommodation (e.g., extended time, private room, frequent breaks) because of a physical, psychological, or learning disability, it must be documented by a qualified professional.*

*Please phone (416) 484-2737 or 1-800-573-7022 to get the special accommodation form that you need to submit with this application.*

Refer to the Test Schedule. Indicate below the **session code** (example T-01) for your first choice (and where applicable, your second and third choice) for writing your GED test(s). Your application must be received at least 21 days prior to the session.

First choice:

Second choice:

Third choice:

### FEES

A **non-refundable fee of \$80.00** must be paid by certified cheque, money order, Visa, or MasterCard. Personal cheques will not be accepted.

Please note that there is a **non-refundable fee of \$80.00** for each attempted **rewrite**.

Your fee payment **MUST** accompany your application. If it is not sent with your application, you will not be registered.

**\$80 to be paid by**

Visa

MasterCard

certified cheque

money order

**Important:** Make your certified cheque or money order payable to **TVOntario**.

Card number

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Expiry date

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Name of cardholder

Signature of cardholder

### PROOF OF IDENTITY

When you send in your application and fees, **you must provide proof of age**. A photocopy of a birth certificate or driver's licence is acceptable.

**IMPORTANT:** When you arrive to write your test, you must present **photo identification and proof of age**, e.g., your driver's licence or passport. A photocopy will **NOT** be accepted.

### SEND YOUR APPLICATION TO

GED Coordinator  
Independent Learning Centre  
PO Box 200, Station Q  
Toronto ON M4T 2T1

OR

By fax: 416-484-2750  
(if paying by credit card)

**Your application will be returned to you, if any one of the following items is missing:**

test session choices indicated

proof of age

completed and signed application

payment of \$80 fee

A letter will be sent to confirm your test dates. If you have not received your confirmation within two weeks, please call us.

**NOTE:** If you cannot attend your confirmed session, please **call us** at least **one week** before the test date.

### VERY IMPORTANT – PLEASE READ CAREFULLY

If you have written the GED Tests **before** January 2002 and were not successful on all five tests, your scores from these previous tests cannot be combined with the scores from the new 2002 series. You are now required to re-write all five tests in this new series.

I have read and understood the above paragraph.

To the best of my knowledge, the information I have given on this application is complete and correct.

Signature

Date

This information is collected in accordance with the Education Act, Revised Statutes of Ontario, 1980, Chapter 129, Section 8 (q) and Chapter 237. The information will be used for eligibility purposes and for evaluation requirements of the GED certificate. This information may also be used by TVOntario for statistical purposes. For additional information, please contact the GED Administrator at (416) 484-2737.

**For our information, how did you find out about GED?**

a friend/relative

an advertisement

an employer/Canada Employment Centre

a local school/community college

other