



GED APPLICATION FORM
Center for Student Success and Services
3100 N. 63rd Avenue
Phone (954) 989.6840
Fax (954) 893.8856

Please print clearly – Application must be filled out completely and legibly in order to process

First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell _____
Date of Birth _____ Age _____ Sex (M) _____ (F) _____
Social Security # _____ Member # _____
Reservation _____ Email _____

Emergency Contact: (must provide at least 2)

Name _____ Relationship _____
Home Phone # _____ Cell _____
Name _____ Relationship _____
Home Phone # _____ Cell _____

Education Information:

Name of High School _____ City _____ State _____
Date attended (From) _____ (To) _____ Last grade completed _____
Accommodations Needed? (Y) _____ (N) _____

I hereby agree that the information supplied is true to the best of my knowledge. I allow release of this information for verification purposes and understand that this will be used to determine eligibility. I hereby agree to ALL requirements set forth in the rules, regulations and policies, both federal and tribal. If ineligible after enrollment for providing false and/or misleading information, I understand that I may be prosecuted for fraud and/or perjury.

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Administrator Signature _____ **Date** _____