



GED Preparatory Program Pre-Registration Form

Full Name (first, last)

Nickname (if any)

Address

City

Prov

Post Code

Home Phone

Cell Phone

Work Phone

Best Contact Number

Best Contact Time

Email Address

Language at Birth

Other Languages Spoken

Date of Birth

Last Grade Completed

Example: You may have completed Grade 9 and almost all of Grade 10. Your last grade completed is Grade 9.

Last Year in School

This is the last year you attended school fulltime or part time.

Photo I.D Available?

Type of I.D.

Social Insurance Number

Favorite subject in school?

Least favorite subject in school

Why I want my GED Diploma

FORM SUBMITTAL INSTRUCTIONS:

When you have completed this form, click "Save as" & type your name in front of the words "GED Registration Form.pdf". Simply email the form to us and we will contact you for an appointment within 24 hours.