



Coeur d'Alene Tribe
Department of Education
1115 B Street / PO Box 408
Plummer, Idaho 83851
PH: (208) 582-6664 FAX: (208) 686-5804

GED Application

Today's Date: _____ / _____ / _____

First: _____ Last: _____ MI: _____

Tribe: _____ Tribal ID #: _____ Descendant: Yes _____ No _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (*If Different*): _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Contact Person Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____ Place of Employment: _____

Position: _____ Supervisor: _____

Email: _____

Last School Attended: _____

Year of Withdrawal: _____ Highest Grade Completed: _____

Do you have any Official GED Tests completed: Yes _____ No _____

Math: _____	Science: _____	Social Science: _____	Reading: _____	Writing: _____
State: _____	State: _____	State: _____	State: _____	State: _____
Year of Completion _____	Year of Completion _____	Year of Completion _____	Year of Completion _____	Year of Completion _____



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Authorization of Release of Information

BY SIGNING THE FOLLOWING DOCUMENT, I AUTHORIZE THE Coeur d'Alene Tribe's Department of Education program to exchange information with any of the following programs:

_____ Career Renewal _____ CDA Tribe Reentry Program _____ Probation or Parole
 _____ North Idaho College Adult Education Department _____ Other: _____

Any information collected will be used for the sole purpose of the students need to earn a GED.

Print Name: _____ Date: _____

Signature: _____

Parent signature if student is under the age of 18

I agree to allow the Coeur d'Alene Tribe's Department of Education personnel to access my GED.com account in order to obtain GED test completion scores. This will include all 4 of the GED Official Tests: Mathematics, Social Science, Reasoning through Language Arts.

GED.com Username: _____

GED.com Password: _____

Signature: _____

Parent signature if student is under the age of 18

Date of Birth: _____ / _____ / _____

Today's Date: _____ / _____ / _____

Idaho GED Testing Youth Waiver Request Form

Submit the completed form to the testing center where the student intends to test, as located on GED.com

Student Name: _____ Birth Date: _____ Phone #: _____

Part 1: Homeschooled Students Only

Check here if the student named above is homeschooled. Local high school approval is not required for homeschooled students - skip Part 2. (Students participating in the *Idaho Digital Learning Academy* must complete Part 2, as they are NOT considered homeschooled for this form.)

Part 2: Completed by High School of Previous Enrollment *Not applicable to homeschooled students

School Name: _____

Withdrawal Date: _____ Last grade completed: _____

The State Board of Education mandates that applicants 16 to 18 years of age must submit written verification from the last school attended, and meet at least one of the following criteria prior to GED Testing. Check as applicable:

- _____ *Behind one year or more in credits earned*
- _____ *Expelled, or on recommendation of the school*
- _____ *Pregnant or a parent*
- _____ *Entering college, the military, or an employment training program*
- _____ *Enrolled in an Adult Education or Job Corps program*
- _____ *Incarcerated*
- _____ *Other (reason required): _____*

I believe circumstances prevent the above named student from returning to the traditional school setting. It is my recommendation that, after meeting with this student and his/her parent or guardian, the student be allowed to participate in GED testing. I verify that the student meets one or more of the above criteria, and is not enrolled in school.

Counselor/Principal Signature _____ Date _____

Title/Affiliation _____ Phone _____

Mailing Address _____

Part 3: Student and Parent/Guardian Signatures

We, the student and parent/guardian, request that the above-named applicant be approved for GED Testing.
We authorize the release of GED scores to the above-named school, where applicable.

In order to schedule tests, submit the signed form to the testing center where the student will take their GED tests.

Student Signature _____ Date _____

Student Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____