

GHSGT & GHSWT Re-Test Pre-Registration Form

Directions: In order to pre-register for a re-test of any portion of the GHSGT or GHSWT, please complete the form below. To guarantee your participation, the pre-registration form should be submitted 3 weeks prior to the date that you plan to take the re-test. Pre-registration forms will be accepted closer to testing dates, but these applicants run the risk of not being able to take the re-test due to a lack of time needed to acquire the needed testing materials and/or make special testing arrangements.

Please complete the following information: (Please print.)

1) Last Name _____ First name _____ MI ____

2) Date of Birth (mm/dd/yy) _____ Phone Number _____

3) Mailing Address _____

4) City _____ State _____ Zip Code _____

5) What high school did you attend? _____

6) In what month and year did you exit from high school? _____

7) During what *school year* did you *first* take the GHSGT and GHSWT? (Hint: Students usually take the GHSGT and GHSWT for the first time during their third or junior year of high school.)

Circle one: 2004/05 2005/06 2006/07 2007/08 2008/09 2009/10 Other _____

8) Which portion(s) of the GHSGT or GHSWT do you wish to re-test during this next administration?

9) English/Language Arts _____ Math _____ Science _____ Social Studies _____

GHSWT _____

10) In the past, have you been provided special accommodation(s) while taking the GHSGT and/or GHSWT and are you requesting to receive these accommodations for the re-test?

Yes _____ **No** _____

If yes, indicate below the document that describes the accommodations you are requesting. (Check all that apply.)

Special Education Individualized Education Plan (IEP) _____

Section 504 Individual Accommodation Plan (IAP) _____

English Language Learner/T PC Plan (ELL/TPC Plan) _____

Use the back side of this form if you need more room. Please be as detailed as possible.

11) What form of official picture ID will you be using to identify yourself at the testing site? (Check one.)

Driver's License _____ Passport _____ Military ID _____ Other (Specify:) _____

Signature _____ Date _____

Submit this pre-registration form by mail or deliver to:

Mrs. Susan Zeigler
Graduation Coach
Ware County High School
700 Victory Drive
Waycross, GA 31503
(912) 287-2351

Dr. Carolina Faust
System Testing Coordinator
Ware County Schools
1301 Bailey Street
Waycross, GA 31501
(912) 283-8656