

South Bend Community School Corporation

Application and Agreement High School Equivalency Assessment/TASC™

Have you ever taken a TASC test in another state? Yes No If Yes, Where/When: _____

Confirm your Eligibility
Examinee must confirm all three eligibility requirements in order to proceed with registration.

Initial below:

____ I certify that I am not currently enrolled in high school and have not already received a high school diploma or other high school equivalency credential.

____ I have shown proof that I am at least 18 years of age or at least 16 years of age with an exit letter from a superintendent.

____ I have been a resident of the state of Indiana (IN) for at least 30 days prior to testing.

FOR OFFICE USE ONLY	
Test Form: _____	
Test Date: _____	
Retest Test Form: _____	
Retest Areas: _____	
Retest Date: _____	

Social Security Number ____ - ____ - ____	or Government ID # _____	Birthdate ____ / ____ / ____	Age _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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First Name (Legal Name) _____	MI _____	Last Name (Legal Name) _____	Suffix _____	Maiden Name _____
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Ethnicity (Check all that apply)

<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino

Home Language

<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> _____

Reason(s) for taking test

<input type="checkbox"/> Further education <input type="checkbox"/> Employment <input type="checkbox"/> Military <input type="checkbox"/> Other _____

Last High School Attended:

City/State:

Last Grade Completed:

Withdrawal Year: _____

Email Address _____	Alternate Email Address _____
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Land Line Number () _____	Cell Phone Number () _____	Alternate Number () _____
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Mailing Address or PO Box _____	City _____
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County _____	State _____	Zip Code _____
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Have you ever taken the TASC Test in Indiana before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where/When: _____

Have you ever taken Adult Education Classes before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where/When: _____

I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that intentionally giving false information could result in the invalidation of my test results.

Signature: _____ Date: _____

Please Note: If you have a disability which may entitle you to special testing accommodations, please notify or contact the HSEA-TASC™ Coordinator at 574-283-7505.

Revised: 3/18/15

FOR OFFICE USE ONLY			
Government ID Used:	_____	Additional Identification (if required):	_____
Date fee paid:	_____	Payment type and number:	_____
Invoice sent date:	_____	Payment Amount:	_____