



Pokégnek Bodéwadmik • Pokagon Band of Potawatomi

Department of Education

Box 180 • 58620 Sink Road • Dowagiac, MI 49047 • www.PokagonBand-nsn.gov
(269) 782-0887 • (888)330-1234 toll free • (269) 782-0985 fax

GED Test Payment Request

Student Full Name

School or Test Center Information:

School or Test Center Name

Contact Person

Phone Number

Address

City

State

Zip

Tests To Be Taken:

Test Date

Language Arts

Social Studies

Science

Math

I understand that the payment for all GED Tests will be made to the school or GED Testing Center for the tests marked above:

Signature

Date

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A progressive community focused on culture and the most innovative opportunities for all of our citizens.



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GED Application

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ Apt #/Lot #: _____

City: _____ State: _____ Zip Code _____

_____-_____-_____-_____-_____-_____

Phone Number _____ Alternate Phone Number _____ E-Mail Address _____

Give a copy of your Pokagon Band Tribal Card with this application.

_____/_____/_____
Pokagon Tribal I.D. # _____ Date of Birth _____

Where did you last attend school? _____

What is the last grade you completed? _____

Have you taken any of the GED tests previously? ___ Yes ___ No

If so, which one(s)? ___ Language Arts ___ Social Studies ___ Science ___ Math

_____/_____/_____
Signature _____ Date _____

The Parent or Eligible Student, or both, acknowledge that this Form is legally binding and enforceable; and that he or she: (a) accurately completed this Form; (b) has full authority to agree to this Form; (c) has reviewed this entire Form; and (d) signed this Form willingly, without duress, and with full knowledge of its consequences.

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