



Pokégnek Bodéwadmik
POKAGON BAND OF POTAWATOMI
EDUCATION

GED Application

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

Address: _____ Apt #/Lot #: _____

City: _____ State: _____ Zip Code: _____

_____-_____-_____
Phone Number E-Mail Address

Pokagon Tribal I.D. #

_____/_____/_____
Date of Birth (MM/DD/YR)

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

GED.com Username (your email address): _____

GED.com Password: _____

With your GED Application, **please include:**

Educational Records Release, Special Request Form, and Tutoring Request

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.