



# Neighbors' Educational Opportunities, Inc.

## TASC TEST REGISTRATION FORM

COMPUTER BASED TESTING ONLY AVAILABLE AT THIS TIME



Today's Date

Please print all information on this form legibly

Testing Site #: 3681

### Tester Information

Social Security Number

Government ID Type

Government ID Description

First Name

Middle Initial

Last Name

#### Ethnicity

☐ Hispanic  
☐ Not Hispanic

#### Race

☐ American Indian/Alaskan, ☐ Asian,  
☐ Black, ☐ Hawaiian/other PI, ☐ Caucasian

#### Home Language

☐ English  
☐ Other

Language:

/ /  
Date of Birth

Age: \*Students Under 18 read below.

\* Under 18 MUST be accompanied by a signed exit form

House Phone (Land Line)

Cell Phone

Alternate Phone Number

Mailing Address

City

County

IN

State

Zip Code

Have you ever taken the TASC Test?

☐ Yes ☐ No

If yes, where did you take it:

Email Address:

Please print email address clearly (Your email is used in order for DRC (Testing Service) to communicate with you.)

### Requirements for All Testers

Examinee Certifies he/she is not currently enrolled in high school and has not already received a high school diploma or other high school equivalency credential.

Examinee has shown proof he/sh is at least 18 years of age or at least \*16 years of age with an exit letter signed by a superintendent.

Examinee has been a resident of Indiana for 30 days or more prior to testing.

### Did You Attend a Learning Center?

How did you prepare for the HSE test? ☐ \*Learning Center, ☐ Self, ☐ Did not prepare

\*Name of Learning Center attended?

### Tester's Permission Designations

I give my permission for my name to be in the graduation brochure. ☐ Yes ☐ No

I give my permission for my name to be placed in the newspapers with the other graduates: ☐ Yes ☐ No

**By signing this form, I am verifying that all information is correct and that I answered the release of information questions above.**

Student (Tester) Signature

Date

Parent Signature/testers under 18

Date