

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Division of Adult and Career Education

BULLETIN NO. 51 (Rev.)  
December 20, 2004

SUBJECT: COLLECTION OF FEES FOR G.E.D. TEST ADMINISTRATION

- I. Background
- II. Out-of-Center Testing
- III. In-Center Testing
- IV. Requests for Additional Score Reports

This revision supersedes the bulletin of the same number issued on June 2, 2003. The content has been updated to reflect changes in the approved fee for the entire test battery. Procedures for the collection of fees are unchanged.

I. BACKGROUND

Effective January 1, 2005, approved for the G.E.D. tests are as follows:

For the entire test battery .....	110.00
For retesting, per test .....	25.00
For score reports in addition to those originally requested at time of application .....	15.00

II. OUT-OF-CENTER TESTING

- A. Community adult schools and regional occupational centers designated as testing sites will be responsible for collecting the fee prior to test administration. Students referred from neighboring adult schools or centers will be required to pay the fee at the school or center designated as the testing site. The student is to be given an auxiliary receipt that admits him/her to the testing room.
- B. The fees collected are to be deposited into a special G.E.D. testing trust account and a check payable to the Los Angeles Unified School District is to be forwarded to the Chief Accountant, General Accounting Branch, using the attached transmittal sheet within two weeks of the completion of the testing.
- C. Test site administrators will complete a reconciliation sheet and send it to the G.E.D. Test Center, Abram Friedman Occupational Center, Room 503, immediately after testing. This reconciliation sheet (to be supplied by the G.E.D. Test Center) will indicate the number of students paying the full fee of \$110.00, or partial fees of \$25.00, \$50.00, \$75.00, or \$100.00 each. It is also requested that a photocopy of the check,

which is sent to the Chief Accountant, General Accounting Branch, also be sent to the G.E.D. Chief Examiner at the G.E.D. Test Center.

- D. Upon presenting the appropriate receipt, a refund of the full amount paid may be made to clients who give advance notice of their inability to be present at the scheduled testing time. After testing has been conducted, persons who fail to appear for any or all parts of the tests will forfeit the fees they paid.

### III. IN-CENTER TESTING

- A. All clients coming to the G.E.D. Test Center for testing will be instructed to first report to the student store at Abram Friedman Occupational Center for payment of appropriate fees. Upon making payment, an auxiliary receipt will be issued which must be presented on the scheduled testing day in Room 503, G.E.D. Testing Center, before test can be administered.
- B. Abram Friedman Occupational Center will establish a G.E.D. testing trust account and will remit monthly, a check payable to the Los Angeles Unified School District, the Chief Accountant, General Accounting Branch, using the attached transmittal sheet.
- C. A reconciliation sheet showing the breakdown of fees collected will be given to the G.E.D. Test Center monthly. A photocopy of the check sent monthly will also be forwarded to the Chief G.E.D. Examiner at the G.E.D. Test Center.

### IV. REQUESTS FOR ADDITIONAL SCORE REPORTS

All requests for additional score reports should be sent directly in writing to the G.E.D. Test Center, Abram Friedman Occupational Center, 1646 South Olive Street, Room 503, Los Angeles, California 90015, with a money order in the amount of \$15.00 for each report requested. Monies received for the score reports will be given to Abram Friedman Occupational Center Student Store for deposit in the G.E.D. testing trust account.

For assistance, please call Alicia Nocum, Assistant Budget Director, Adult Education Fiscal Services Section at (213) 241-3175, or the Chief GED Examiner at (213) 745-5516.

APPROVED: Santiago Jackson, Assistant Superintendent

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G.E.D. TEST FEES TRANSMITTAL SHEET

\_\_\_\_\_  
Month/Year

\_\_\_\_\_  
CAS/ROC/SKILLS

_____ Check No.	_____ Date	\$ _____ Amount
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_____ Date	_____ Signature	, Principal
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_____ Date	_____ Signature	, Financial Mgr. or Accounting Clerk
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Distribution:

Original: Chief Accountant  
General Accounting Branch

Copy: Adult Education Fiscal Services Section  
Beaudry Building, 18<sup>th</sup> Floor

Copy: School File