

FSD GED BILLING FORM

COMPLETE THIS FORM AND SUBMIT ALONG WITH THE APPLICATION FOR MISSOURI CERTIFICATION OF HIGH SCHOOL EQUIVALENCE (MO500-148)

TO: FAMILY SUPPORT DIVISION,
CENTRAL OFFICE
P. O. BOX 2320
JEFFERSON CITY, MO 65102-2320

ATTENTION: TEMPORARY ASSISTANCE/CASE
MANAGEMENT COORDINATOR

SUBMITTED BY: FSD

COUNTY ADDRESS: _____

CASE MANAGER: _____

PHONE NUMBER: _____

DATE: _____

<u>STUDENT'S NAMES</u>	<u>DCN</u>	<u>BIRTH DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The administration fee for the Department of Education will be billed by DESE to:
Family Support Division P.O. Box 2320 Jefferson City, MO 65102-2320

Note: The testing center fee is to be paid by the participant directly to the local testing center.

Attach School Permission with Application for Missouri Certificate of High School Equivalence (GED) when applicable.

FSD CENTRAL OFFICE APPROVAL (ONLY)

Signature

Title

Date