



Adult & Community Education Columbus City Schools

WorkKeys Registration

Please complete this form thoroughly and print legibly. Forms with omissions will not be processed. **For a list of available test dates, call our Customer Services office at 614.365.6000 x241.**

Today's Date: _____

Which subtests do you need?

TEST DATE: _____
(First choice from list) (Second choice from list)*

- Reading for Information
- Applied Mathematics
- Locating Information

Last Name: _____ **First Name:** _____ **MI:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Phone: () _____ - _____ **Alternate Phone:** () _____ - _____

Email: _____ **Program of Interest:** _____

**A second choice is required for all mail-in registrations. We will assign you to your second choice ONLY if your first choice is unavailable at the time your registration is processed. We will mail you a receipt confirming your official test date.*

Instructions:

1. Return this form with a check or money order for \$30 (payable to Columbus City Schools) to Adult & Community Education, Attn: Customer Services, 2323 Lexington Avenue, Columbus, OH 43211. **The test fee is non-refundable and non-transferable.**
2. Bring your receipt and your photo I.D. with you to the test. You will not be admitted to the test area without these documents.
3. Plan to arrive early for your test. Late arrivals will not be admitted to the test area.

Office use only:

Receipt #: _____ Date processed: _____ Staff: _____