P.O. Box 80447

Conyers, GA 30013-8047

678-413-8400 or 1-866-754-3687

  www.dds.ga.gov

# Certificate of School Enrollment

## Part A: Student Information

 Student **Legal** Name (Last, First, Middle):

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Part B: School Information

School Name: Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_

## Part C: Enrollment Certification

This record is to certify that the above named student is:

□ Enrolled in and not under expulsion from a public or private school.

## Part D: Restoration of Driving Privileges Following School Suspension

This record is to certify that:

□ The above named student terminated his/her secondary education as of \_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

 Please complete one of the following if a date is entered above: o The student has re-enrolled in this school as of \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) OR

o The student will present proof of pursuit or completion of a GED, high school diploma, special diploma, or certificate of high school completion, or proof of enrollment in a postsecondary school.

**OR**

□ The notice of school suspension/non-compliance was sent in error by this school.

## Part E: Signatures

 **Certifying Official (PRINT NAME):**

 **Official’s Title:**

 **Original Signature: Date:**

 **Sworn to and subscribed before me this**

  **day of 20 .**

 **Signature:**

**Notary Public Seal**

***Within thirty (30) days, submit this original form to a Department of Driver Services Customer Service Center.***

DDS-1 (7/15)