# Certificate of School Enrollment

## Part A: Student Information

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

**Address:** _______________  
**City:** ___________  
**State:** ________  
**Zip Code:** ________  

**Gender:** _______________  
**Date of Birth:** _______________

## Part B: School Information

**School Name:** _______________  
**Phone #:** _______________  

**Address:** _______________  
**City:** ___________  
**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: Signatures

**Certifying Official (PRINT NAME):** _______________

**Official’s Title:** _______________

**Original Signature:** _______________  
**Date:** _______________

Sworn to and subscribed before me this

____ day of ____________, 20____.  

Signature: _______________

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Submit this original form to a Department of Driver Services Customer Service Center within thirty (30) days

DDS-1 (03/18)