

Certificate of School Enrollment

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Student Legal Name (Last, F	irst, Middle):			
Address:	City:	State:	Zip Code:	
Gender:	Date of Birth:			
Part B: School Informat	<u>ion</u>			
School Name:		Phone #:		
Address:	City:	State:	Zip Code:	
Part C: Enrollment Cert This record is to certify that Enrolled in and not under				
Part D: Signatures				
Part D: Signatures	Certifying Official	(PRINT NAME):		
	Official's Title:			

Submit this form to a Georgia Department of Driver Services Customer Service Center for proof of enrollment for the most current or recent academic year including summer break.