

**Certificate of School Enrollment**

P.O. Box 80447 Conyers, GA 30013-8047

678-413-8400

[www.dds.georgia.gov](http://www.dds.georgia.gov/)



|  |
| --- |
| **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 . Notary Seal HereSignature:  |

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

DDS-1 (03/18)