

**Certificate of School Enrollment**

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

678-413-8400

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



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| **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 Here  Signature: |

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

DDS-1 (03/18)