

Certificate of School Enrollment

itudent Legal Name (L	ast, First, Mic	ddle):		
Address:		City:	State:	Zip Code:
Gender:	Da [.]	te of Birth:		
Part B: School Info	rmation			
School Name:		Phone #:		
Address:		City:	State:	Zip Code:
	<u>Certificatio</u>	_		
This record is to certify Enrolled in and not	that the abo	– ve-named student		
This record is to certify Enrolled in and not	that the abo	 ve-named student ion from a public o	r private school.	
This record is to certify Enrolled in and not	that the abo	ve-named student ion from a public o Certifying Official	r private school.	
This record is to certify	that the abo	ve-named student ion from a public o Certifying Official Official's Title:	r private school.	

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.