



P.O. Box 80447
Conyers, GA 30013-8047
678-413-8400 or 1-866-754-3687
www.dds.ga.gov

Please Mark one of the following
Permit: _____
Drivers License: _____
ADAP: _____

Certificate of School Enrollment

Part A: Student Information

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

Address: _____ State: _____ Zip Code: _____

Gender: _____ Date of Birth: _____

Part B: School Information

School Name: Woodstock High School Phone #: 770-721-3000

Address: 2010 Towne Lake Hills South Drive State: Ga Zip Code: 30189

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: Restoration of Driving Privileges Following School Suspension

This record is to certify that:

- The above named student terminated his/her secondary education as of _____ (date).
Please complete one of the following if a date is entered above:
 - The student has re-enrolled in this school as of _____ (date) OR
 - The student will present proof of pursuit or completion of a GED, high school diploma, special diploma, or certificate of high school completion, or proof of enrollment in a postsecondary school.

OR

- The notice of school suspension/non-compliance was sent in error by this school.

Part E: Signatures

Certifying Official (PRINT NAME): _____

Official's Title: Secretary

Original Signature: _____ Date: _____

Sworn to and subscribed before me this

_____ day of _____ 20_____.

Signature: _____

Notary Public Seal

Within thirty (30) days, submit this original form to a Department of Driver Services Customer Service Center.