



Drivers _____

Permit _____

Certificate of School Enrollment

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: Warner Robins High School Phone #: 478-929-7877

Address: 401 South Davis Dr. City: Warner Robins State: GA Zip Code: 31088

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_____.

Signature: _____

Notary Seal Here

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