



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: Gwinnett Online Campus Phone #: 770-326-8082

Address: 713 Hi Hope Road City: Lawrenceville State: GA Zip Code: 30043

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