STATE OF GEORGIA
DEPARTMENT OF DRIVER SERVICES
P.O. BOX 80447
CONYERS, GEORGIA 30013-8047
404-657-9300

CERTIFICATE OF ATTENDANCE

Student's Full **Legal** Name: _____
(Last) (First) (Middle)

Sex: _____ Date of Birth: _____

Student's Address: _____

_____

School Name: _____

School Address: _____

_____

School Telephone: _____

This record is to certify that above named student is either:

☐ Enrolled in and not under expulsion from a public or private school and has not had ten or more school days of unexcused absences in the current academic year or ten or more school days of unexcused absences in the previous academic year. This record also certifies that, for a period of one academic year prior to the date of this application, the above named student has not dropped out of school without graduating and remained out of school for ten consecutive school days or has not been found in violation by a hearing officer, panel, or tribunal of one of the following offenses, has not received a change in placement for committing one of the following offenses, or has not waived his or her right to a hearing and pleaded guilty to one of the following offenses: threatening, striking, or causing bodily harm to a teacher or other school personnel; possession or sale of drugs or alcohol on school property or at a school sponsored event; possession or use of a weapon on school property or at a school sponsored event; any sexual offense prohibited under Chapter 6 of Title 16; or causing substantial physical or visible bodily harm to or seriously disfiguring another person, including another student.

OR

☐ Enrolled in a home education program that satisfies the reporting requirements of all state laws governing such program. If this box is checked, the form must be completed by the local school superintendent's office.

Certifying Official (PRINT NAME): _____

Official's Title: _____

Signature: _____ **Date:** _____
(Original Signature Required)

Sworn to and subscribed before me this

_____ **day of** _____ **20**_____.

Signature: _____

Notary Public Seal

SUBMIT THIS ORIGINAL FORM TO A DEPARTMENT OF DRIVER SERVICES CUSTOMER SERVICE CENTER WITHIN THIRTY (30) DAYS.