



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: Houston County High School Phone #: 478-988-6340

Address: 920 Highway 96 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): Delette Clary

Official's Title: Attendance Clerk

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