D R I V E R’ S L I C E N S E

REQUEST FOR CERTIFICATE OF ATTENDANCE

Student ID number\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Required**

LAST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (THE WAY IT APPEARS ON BIRTH CERTIFICATE)

MIDDLE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTHDATE (M/D/YR)\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK IF NEEDED:

\_\_\_\_LEARNERS PERMIT \_\_\_\_\_ADAP CARD

\_\_\_\_DRIVERS PERMIT

Request can be emailed to **smalcom@walton.k12.ga.us**

See Mrs. Malcom, Bookkeeper in the front office to obtain the following day

8//2014