

# eADAP Enrollment Form

PLEASE READ: This form is only designed for teens that are home-schooled, attend a school that does not participate in ADAP or eADAP, have completed high school, or have obtained a GED. <u>All others must register for eADAP through the eADAP Administrator at his or her high-school.</u>

Instructions: Please complete this application in its entirety and submit to the DDS via one of the methods specified on Page 2.

SECTION 1: Enrollee Information					
Please indicate your reason for enrollment in eADAP  I am a home school student.  My school does not participate in ADAP or eADAP.					
Name of School:					
				nigh school/obtained a GED.	
			Name of rigi	n School or Program:	
Last Name	First Name	Middle Name (if applicable)			
	☐ Male ☐ Female				
Date of Birth	Gender	Last 4 numbers of Social Security Number			
Address					
City	State	Zip Code			
E-mail Address	Telephone Nu	mber			
electronically via e-ma		usernames and passwords, will be provided  Information			
Last Name	First Name	Middle Name (if applicable)			
Date of Birth	Relationship to Student				
Address San	me as above	Telephone Number			
City	State	Zip Code			
SECTION 3: P	Parent/Legal Guardian	Consent			
		ne above-referenced teen meets the criteria for			
		room ADAP course in a public or private high			
Signature of Parent/Legal G	uardian	Date			



## eADAP Enrollment Form

### You may submit your completed application:

#### **By Mail**

Georgia Department of Driver Services Regulatory Compliance Division 2206 East View Parkway Conyers, Georgia 30013

### **By Facsimile**

678-413-8736 or 678-413-8735

\*Your username and password will be emailed within 5 business days if you qualify to take the eADAP course.