



VIRGINIA DEPARTMENT OF EDUCATION
CERTIFICATE OF ENROLLMENT
PUBLIC, PRIVATE, AND HOMESCHOOL

SCHOOL:		SCHOOL DIVISION:	
STUDENT'S LEGAL NAME:	LAST:	FIRST:	MI:
DATE OF BIRTH (MONTH/DAY/YEAR):			
STUDENT'S RESIDENTIAL ADDRESS:	STREET (PO BOX NOT ACCEPTABLE):	APT#:	
CITY:	STATE:	ZIP CODE:	

I CERTIFY THAT THE NAME, ADDRESS, AND DATE OF BIRTH CONTAINED ABOVE ARE ACCURATE.

PARENT/LEGAL GUARDIAN'S SIGNATURE: (PLEASE USE BLUE INK)	DATE:
PARENT/LEGAL GUARDIAN'S PRINTED NAME:	
PARENT/LEGAL GUARDIAN'S DRIVER'S LICENSE OR DMV-ISSUED IDENTIFICATION NUMBER:	
STUDENT'S SIGNATURE: (PLEASE USE BLUE INK)	DATE:
PLEASE NOTE: <i>If this form is issued to a minor, a parent or guardian must sign this form.</i> <i>This form may be subject to federal and state laws and regulations depending upon its use. In addition, fraudulently obtaining, altering, counterfeiting, forging or otherwise tampering with this form or falsifying information contained herein in order to obtain a photo-identification card, learner's permit, driver's license or birth certificate may be a criminal offense.</i>	