



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

Certificate of Non-Compliance

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

Sex: _____ Date of Birth: _____

Student's Address: _____

School Name: _____

School Address: _____

School Telephone: (____) _____ Contact Person: _____
(Print Name)

Notary:

Sworn to and subscribed before me

This _____ day of _____, 20____.

Notary Public

Title _____

Signature _____

Date _____

Non-Compliance Date: _____

The above named student:

- has dropped out of school without graduating and has remained out of school for ten consecutive days;
- 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;

OR

has been found in violation by a hearing officer, panel, or tribunal of one of the following offenses, has received a change in placement for committing one of the following offenses, or has waived his or her right to a hearing and pleaded guilty to one of the following offenses:

- A). threatening, striking or causing bodily harm to a teacher or other school personnel.
- B). possession or sale of drugs or alcohol on school property or at a school sponsored event.
- C). possession or use of a weapon on school property or at a school sponsored event.
- D). any sexual offense prohibited under Chapter 6 of Title 16.
- E.) causing substantial physical or visible bodily harm to or seriously disfiguring another person, including another student.