



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. All others must register for eADAP through the eADAP Administrator at his or her high-school.

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: _____
 I am pursuing a GED.
 Name of Program: _____
 I have completed high school/obtained a GED.
 Name of High School or Program: _____

Last Name	First Name	Middle Name (if applicable)
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Last 4 numbers of Social Security Number
Address		
City	State	Zip Code
E-mail Address		Telephone Number

NOTE: All official correspondence, including eADAP usernames and passwords, will be provided electronically via e-mail.

SECTION 2: Parent/Legal Guardian Information

Last Name	First Name	Middle Name (if applicable)
Date of Birth	Relationship to Student	
Address	<input type="checkbox"/> Same as above	Telephone Number <input type="checkbox"/> Same as above
City	State	Zip Code

SECTION 3: Parent/Legal Guardian Consent

I do hereby swear or affirm under penalty of law that the above-referenced teen meets the criteria for eADAP and is not able to complete the traditional classroom ADAP course in a public or private high school.

Signature of Parent/Legal Guardian

Date



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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.***