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)
☐ Male ☐ Female
Date of Birth    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 ☐ Same as above    Telephone Number ☐ 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
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.*