

# DMV- CERTIFICATE OF ENROLLMENT REQUEST

Please complete below information and email to:

[duluthhsattendance@gmail.com](mailto:duluthhsattendance@gmail.com)

Student #: \_\_\_\_\_

Name:

\_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_\_\_ (Month/Day/Year)

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**Student Address**

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**City**

**State**

**Zip** \_\_\_\_\_

Your Email address:

\_\_\_\_\_