

**PETITION FOR HARDSHIP EXEMPTION TO SCHOOL
CONDUCT AND ATTENDANCE REQUIREMENT**

INSTRUCTIONS:

COMPLETE SECTIONS I, II, III, AND IV.

COMPLETE SECTION V IN THE PRESENCE OF A NOTARY.

MAIL THE COMPLETED FORM TO: Georgia Department of Driver Services
Attn: Hardship Exemption
P.O. Box 80447
Conyers, GA 30013-8047

Section I. Applying Driver's Information

Student's Full Legal Name: _____

Student's Address: _____

City: _____ State: _____ Zip: _____

License Number: _____ Date of Birth: _____

Section II. Reason for Suspension of Driver's License (check one):

_____ Dropped out of school without graduating and has remained out of school for ten consecutive school days;

_____ Ten (10) 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;

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:

_____ Threatening, striking, or causing bodily harm to a teacher or other school personnel;

_____ Possession or sale of drugs or alcohol on school property or at a school sponsored event;

_____ Possession or use of a weapon on school property or at a school sponsored event;

_____ Any sexual offense prohibited under Chapter 6 of Title 16;

_____ Causing substantial physical or visible bodily harm to or seriously disfiguring another person, including another student.

Section III. Hardship Information

The enforcement of the provisions of O.C.G.A. §40-5-22(a.1) would result in one of the following (check any/all that apply):

_____ Creates an undue hardship upon the minor;

_____ Creates an undue hardship upon the minor's family; or

_____ Acts as detriment to the health or welfare of the minor.

Section IV. Nature of Hardship

_____ Driver's license needed for transportation to work, and applicant lives alone or others at residence not licensed;

_____ Driver's license needed for transportation to medical treatment for self or immediate family member who is not licensed or unable to drive due to illness (**please attach documentation from physician**);

_____ Other (please describe):

Section V. Notarized Signature(s)

Applicant's Signature Date

Parent or Guardian's Signature Date
(not required if Applicant is an emancipated minor)

Sworn to and subscribed before me this ____ day of _____ 20 ____.

SEAL

Notary Signature _____ (Seal Required)

Section VI. Commissioner's Decision

APPROVED

DENIED

Signature _____ Date _____
DDS Commissioner or Designee

Sworn to and subscribed before me this ____ day of _____ 20 ____.

SEAL

Notary Signature _____ (Seal Required)

If your application is denied, and you believe that the decision was made in error, you may submit a request for an administrative hearing before the Office of State Administrative Hearings by submitting a written request to the Georgia Department of Driver Services, P.O. Box 80447, Conyers, Georgia 30013-8047. Appellate procedures and rights in administrative hearings are governed by the Administrative Procedures Act, O.C.G.A. § 50-13-1, *et seq.*