



COMMONWEALTH OF KENTUCKY

Minor's Application for Driver's License: KRS 159.051

The parent/guardian should submit this form to the local Circuit Court Clerk's Office at the initial application for a learner's permit or transfer license only, accompanied by an original or certified copy of the student's birth certificate and signed social security card.

STUDENT INFORMATION:

Name: Last First Middle

(This section will be completed by a legal parent or guardian and then returned to the school with parent/guardian's signature)

Date of Birth: Last Four Digits of Social Security Number: XXX-XX- Month/Date/Year

PARENT/GUARDIAN CONSENT:

I hereby consent to the release of the above information to the Transportation Cabinet as set forth in KRS 159.051 as it relates to No Pass/No Drive. I fully understand that in order for this form to be verified my child must be compliant with KRS 159.051.

Parent/Guardian Signature: Date:

Parent signature should appear in blue ink

PUBLIC SCHOOL CERTIFICATION: (School personnel will verify that this student is in compliance with KRS 159.051)

District: Full Name of School:

School Telephone Number: ()

School Address: Street City County Zip Code

I hereby certify that this public school student is in compliance with KRS 159.051.

Designated Public School Representative: Signature Print Name Title

Signature should appear in blue ink

PRIVATE SCHOOL CERTIFICATION (Includes Home Schools): School information on line 1-2 to be completed by the designated representative of private school/home school; line 3 is verification only that the home school has notified the local Board of Education of this student's enrollment, pursuant to KRS 159.030 and 159.160.

1. Full Name of School: School Telephone Number: ()

School Address: Street City County Zip Code

2. I hereby certify that this private/home school student is in compliance with KRS 159.051, as it relates to No Pass/No Drive.

Private/Home School Representative: Signature Print Name Title

3. I hereby certify that this home school has notified the public school district in accordance with KRS 159.160, KRS 159.030.

DPP/NPND Public School District Contact: Signature Print Name Title

Signature should appear in blue ink

OUT-OF-STATE SCHOOL CERTIFICATION: (line 1 to be completed by out-of-state school representative to certify student's compliance with KRS 159.051; line 2 by DPP/ NPND contact in district of residence for verification of notification only)

1. I hereby certify that this out-of-state student is in compliance with KRS 159.051.

OOS School Representative: Signature Print Name Title

Signature should appear in blue ink

2. I hereby certify that my district has been notified by the parent or school, in accordance with KRS 159.030., that this student is attending an out-of-state school.

Public School DPP or NPND district contact: Signature Print Name Title

Signature should appear in blue ink

(School should keep copy of this form for their records)

Date: (expires after 60 days) This form is valid until