



**COMMONWEALTH OF KENTUCKY**  
**School Compliance Verification: KRS 159.051**

**At the initial application for an original Kentucky learner's permit or transfer license only, a 16-17 year old should submit to the local Circuit Court Clerk's Office, one of the following documents: (1) proof of graduation from HS, or (2) proof of GED completion, or (3) a signed and \*sealed School Compliance Verification: KRS 159.051 (obtained from the student's school district of residence).**

**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 issued, my child must be compliant with KRS 159.051.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PUBLIC SCHOOL CERTIFICATION:** Kentucky public school personnel should verify that this student is in compliance with KRS 159.051 (i.e., a 16 or 17 year old student shall be deemed compliant, if he/she has less than 9 unexcused absences and has passed 4 of 6 courses, or the equivalent, in the preceding semester).

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, as it relates to No Pass/No Drive.*

Designated Public School Representative: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Signature Print Name Title*

Date: \_\_\_\_\_

**PRIVATE SCHOOL CERTIFICATION (Includes Home Schools):** School information to be completed by the designated representative of the Kentucky private school/home school to certify their student's compliance with KRS 159.051 (i.e., a 16 or 17 year old student shall be deemed compliant, if he/she has less than 9 unexcused absences and has passed 4 of 6 courses, or the equivalent, in the preceding semester).

Full Name of School: \_\_\_\_\_ School Telephone Number: (859) 422-5741

School Address: \_\_\_\_\_  
*Street City County Zip Code*

*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*

Date: \_\_\_\_\_

**OUT-OF-STATE SCHOOL CERTIFICATION:** To be completed by the out-of-state school representative to certify their Kentucky resident's compliance with KRS 159.051 (i.e., a 16 or 17 year old student shall be deemed compliant, if he/she has less than 9 unexcused absences and has passed 4 of 6 courses, or the equivalent, in the preceding semester).

Full Name of School: \_\_\_\_\_ School Telephone Number: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_  
*Street City County Zip Code*

OOS School Representative: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Signature Print Name Title*

Date: \_\_\_\_\_

(Schools should keep a copy of this form for their records)

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

Revised 01/01/12(6) \* Embossed seal required for all public/private schools (excludes home schools) on or after 01/01/2012