



ATLANTA  
PUBLIC  
SCHOOLS

**Statement of Objection to Use of  
Social Security Number For  
Student Identification**

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**I do not wish to provide the Social Security number of my child/children:**

\_\_\_\_\_  
Name of first child

\_\_\_\_\_  
Current School Enrolled

\_\_\_\_\_  
Name of second child, if appropriate

\_\_\_\_\_  
Current School Enrolled

\_\_\_\_\_  
Name of third child, if appropriate

\_\_\_\_\_  
Current School Enrolled

\_\_\_\_\_  
Name of fourth child, if appropriate

\_\_\_\_\_  
Current School Enrolled

\_\_\_\_\_  
Name of fifth child, if appropriate

\_\_\_\_\_  
Current School Enrolled

**Atlanta Public Schools**

Name of School System

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date