



JACKSON  
Elementary

**STATEMENT OF OBJECTION TO USE OF  
SOCIAL SECURITY NUMBER FOR IDENTIFICATION**

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

NAME OF FIRST CHILD \_\_\_\_\_

NAME OF SECOND CHILD \_\_\_\_\_

*(If appropriate)*

NAME OF THIRD CHILD \_\_\_\_\_

*(If appropriate)*

NAME OF FORTH CHILD \_\_\_\_\_

*(If appropriate)*

ATLANTA PUBLIC SCHOOLS - W.T.JACKSON ELEMENTARY SCHOOL

Signature of parent or guardian \_\_\_\_\_ Date: \_\_\_\_\_