



STATEMENT OF OBJECTION TO THE USE OF SOCIAL SECURITY NUMBER

I do not wish to have the social security number of my child/children placed in the school records of the Clayton County Public Schools District.

The names of my children and the school they attend are as follows:

Name of first child School

Name of second child, if appropriate School

Name of third child, if appropriate School

Name of fourth child, if appropriate School

Name of fifth child, if appropriate School

Signature of Parent/Guardian

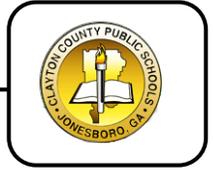
Date

Sworn to and subscribed before me, This _____ day of _____, 20_____.

Notary Public

Date of Expiration of Notary

Public Appointment



5/17/05

DRAFT