



STATEMENT OF OBJECTION TO THE USE OF SOCIAL SECURITY NUMBER FOR STUDENT IDENTIFICATION
(SSN Waiver)

In order to maintain official school records for students Social Security Card is required (GA Code 20-2-150). This law allows parents or guardians who object to this requirement to sign a statement of objections which will act as a waiver.

No student shall be denied enrollment in any public school of this state for declining to provide his or her social security number or for declining to apply for the number.

In signing this waiver, I acknowledge that I am refusing to provide a copy of my child's Social Security Card to the DeKalb County School District (DCSD).

I acknowledge my child will NOT be eligible for the Georgia Hope Scholarship funds or other programs requiring my child SSN for participation, within DeKalb County School District (DCSD) or Georgia Department of Education.

School: _____

Student's First Name: _____

Student's Last Name: _____

Student's Birth Date: _____

Signature of Parent/Guardian

Date