



Savannah-Chatham County Public School System  
**Social Security Number Waiver Form**

USE BLACK INK ONLY

**STUDENT INFORMATION**

Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Birth Date:		
New Address:			City:	State:	Zip Code:

**Check One:**

I do not wish to provide a Social Security number for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** An alternative student number will be provided and assigned to the student.

I have applied for my child's Social Security number, he/she is/will be attending the Savannah-Chatham County Public Schools beginning: \_\_\_/\_\_\_/\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN**

Print Name:	Signature:	Date:	Phone Number:
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**SHADED AREA FOR OFFICE USE ONLY**

Notarized:	My Notary Expires:
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**NOTE:** Social Security number is needed to be considered for The HOPE Scholarship/Grant