Descriptor Code: FGA-E6

MODEL FORM FOR DISCLOSURE TO PARENTS OF DEPENDENT STUDENTS

Student's First Name	Midd	dle Initial	Last Name	
Street Address	City	State	Zip Code	
Under the Family Education School District is permitted to parent(s) if you are under 18 tax purposes. If you will turn claim you as a tax dependen	o disclose inforr 3 or if your paren n 18 this school	nation from your ed nt(s) claims you as	lucation records to your a dependent for federa	
Please check the appropriate	e box:			
\square Yes. I certify that my purposes.	parents claim mo	e as a dependent fo	r federal income tax	
☐ No. I certify that my p tax purposes.	arents do not cla	aim me as a depend	lent for federal income	
Signature:		Dat	te:	
If parents live at the same ac	ldress, please lis	st both in # 1.		
1		2		
Name		Name		
Address		Address		
City, State, Zip		City, State, Zip)	
Telephone		Telephone		

End of Jamestown Public School District Exhibit FGA-E6