

Guardian Notification Exclusion Form

Student Name:

Date of Birth:

School Name:

By signing this form, I request to exclude the following guardian(s) from receiving notifications regarding the above-named student:

Name(s) of Excluded Guardian(s):

Reason for Exclusion:

☐ I confirm that the information provided is accurate to the best of my knowledge.

Requestor's Name:

Relationship to Student:

Date:

Signature: