

STAFFORD PUBLIC SCHOOLS

Stafford Springs, Connecticut

ACKNOWLEDGMENT OF OPTION TO EXEMPT ATTENDANCE OF CHILD FIVE OR SIX YEARS OF AGE FROM SCHOOL

Pursuant to Section 10-184 of the Connecticut General Statutes,

I _____, of _____

Name of Parent, Guardian or Other

Address

the parent, guardian or other person charged with the care of the following minor child

_____, of _____ who was

Name of Parent, Guardian or Other

Address

born on _____ do hereby choose not to send my child to public

Date

school during the _____.

School Year

Furthermore, before signing this form, a representative of the _____

Name of District

school district met with me and provided me with information concerning the educational opportunities and school accommodations available in the school system.

ACKNOWLEDGED BY:

Signature of Parent, Guardian or Other

Date