

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 Child **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