

GREENWICH PUBLIC SCHOOLS

**Acknowledgement of Option to Exempt Attendance
of a Child Five or Six Years of Age from Greenwich Public Schools**

Note: This form must be signed in person at the elementary school that the child is districted for.

Pursuant to Section 10-184 of the Connecticut General Statutes, I _____ ,
(Name of Parent or Guardian)
of _____
(Parent's Address)

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

_____ of _____
(Name of Child) **(Child's Address)**

who was born on _____ do hereby choose not to send my child to public school
(Date)

during the _____ school year.
(Enter School Year)

By signing this form, I confirm that a representative of the **Greenwich Public School District** 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)