



SALEM SCHOOL DISTRICT

200 Hartford Road, Salem, CT 06420

FIVE DAY NOTICE WAIVER

Date

I _____ waive my five-day notice for the Planning and
(parent, guardian)

Placement Team (PPT) meeting, which will take place _____

regarding _____ .
(student name)

Signature

Phone: 860-892-1223

www.salemschools.org

Fax: 860-859-2130

"Salem inspires learning, creativity, critical thinking, personal integrity, and citizenship."