

GRANBY PUBLIC SCHOOLS

**ACKNOWLEDGEMENT 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 **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 school
Date

during the _____.
School Year

Furthermore, before signing this form, a representative of the **Granby 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

Date