

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

_____ 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, I acknowledge that a representative of the Brookfield 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