

Dr. Helen Baldwin Middle School

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2019-20 Automated Notification System (Please print)

Name: _____

You must fill in at least one option below in order to be notified in case of an: Emergency or Weather Related Closing, Delayed Start, Early Dismissal and/or School Related Information and Updates.

PLEASE NOTE: If you choose to fill out all three options you WILL receive a phone call, a text message and an email.

VOICE ALERT: This will send a pre-recorded message to the phone number(s) you provide.

Phone number(s) to call: 1. _____ 2. _____

TEXT MESSAGE: Please note that messaging fees may apply, depending on your plan.

Cell phone number(s) to use: 1. _____ 2. _____

EMAIL: Please use your most accessible email address.

Email address: 1. _____

2. _____