CANTERBURY PUBLIC SCHOOLS Office of the Superintendent 45 Westminster Road, Canterbury, CT 06331 Phone (860) 546-6950 FAX (860-656-6434

PERMISSION TO REGISTER 2023-2024

| (To be completed by parent/guar | dian) | | | | |
|----------------------------------------|----------------------------------------------|------------------|-------------------------------------|----------------------------------------------|--|
| As a parent/guardian, I certify that | | | resides with me and I am a resident | | |
| of the Town of Canterbury. I am a | (Name of student) ware that documentation | | ll be required. | | |
| Name of parent/guardian | | | | | |
| Mailing address (street number & | name) | | | | |
| Home or cell phone number | berEmerg | | ency number | | |
| Email Address | | | | _ | |
| Name of student | Date of birth | | | | |
| Choice of high school (See list below) | | | | Entering Grade | |
| Currently or has received service | | | ○ No | | |
| ○ Initial entry ○ Transfer | | | | | |
| Signature of parent/guardian | | | Date | | |
| | PLEASE DO NOT WRITE | | | | |
| This certifies that the above stud | TO BE COMPLETED BY SU | | | ear at: | |
| | | | | | |
| Canterbury will be responsible f | | | • | ı <u>√ </u> | |
| | ool | | | | |
| ○ Woodstock Academy | O NOI WICH TECHNIC | curriigii school | | | |
| Griswold High School (transp | ortation will continue thro | ugh June 30, 20 | 25) | | |
| Canterbury will not be responsil | ole for providing transport | ation to the fol | lowing choice his | gh schools. | |
| Payment of tuition_\forall | O Putnam High School | | O Parish Hill H | ~ | |
| | QMC | | ○ ACT | | |
| | Windham Technical | High School | Other | | |
| Dr. Christopher Bitgood | | | Date | | |
| Superintendent of Schools | | | | | |

For High School Transportation Information - Please visit our website at: www.canterburypublicschools.org/transportation for bus times and other information.

cc: Transportation
Business office