



**DR. HELEN BALDWIN MIDDLE SCHOOL**  
*Respect. Responsibility. Community.*

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## 2023-24 Automated Notification System (Please print)

Student Name: \_\_\_\_\_

You must fill in all three fields; however, you may specify the order of preference for contact in case of Emergency or Weather Related Closing, Delayed Start, Early Dismissal, and/or School Related Information and Updates.

# 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. \_\_\_\_\_

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