

Cabot Public Schools
Return to Campus Letter of Acknowledgement

Student Name: _____ Date: _____

Birthday: _____ Grade: _____

I, _____ am the parent/guardian of the listed student and request they begin on-site instruction beginning _____.

I understand my student will be placed in schools/classrooms/courses based on current availability.

Signature: _____ Date: _____
Parent/Guardian

Return form to:

K-6 Student Services frontdesk@cabotschools.org

7-12 Submit to building contact:

Junior High North - charlotte.sandage@cabotschools.org

Junior High South - terri.schmitz@cabotschools.org

Freshman Academy - ahna.davis@cabotschools.org

High School - brandy.koski@cabotschools.org and alana.graham@cabotschools.org

ACE - carrie.lair@cabotschools.org