

**EDUCATION NOTIFICATION**JD-JM-191 Rev. 1-22  
C.G.S. § 10-253(g); P.A. 21-104STATE OF CONNECTICUT  
**SUPERIOR COURT**  
**JUVENILE MATTERS**  
[www.jud.ct.gov](http://www.jud.ct.gov)

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To: *(Superintendent of Board of Education)*

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From: *(Juvenile Residential Center Superintendent or designee)*

Name of student	Date of birth	Date placed in juvenile residential center
Name of parent or guardian	Address	

The student named above was placed in the following juvenile residential center by Order of the Superior Court for Juvenile Matters: *(Select one)*

- |   |   |
|---|---|
| <input type="checkbox"/> Hartford Juvenile Residential Center<br>920 Broad Street<br>Hartford, CT 06109 | <input type="checkbox"/> Bridgeport Juvenile Residential Center<br>60 Housatonic Ave.<br>Bridgeport, CT 06604 |
|---|---|

☐ Other: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Please direct all educational questions to the provider listed below.

Name of juvenile residential center's educational provider	Phone number
Name of Juvenile Probation Officer	Phone number

The education provider will bill the local education authority for the educational services provided during the student's stay at the juvenile residential center.

<p><b>The information contained in this form is confidential.</b> <b>Further disclosure without parental consent is not permitted.</b></p>
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