

**INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM**

TO: _____, Superintendent **DATE:** _____
_____(Name of the district where you live)

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my child's intention to participate in the Interdistrict Public School Choice Program (school choice program) in September 2012. I understand that you will notify me by completing this form no later than **November 22, 2011** whether or not my child may participate in the school choice program.

RE: _____
Your child's name

Your child's address

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

SIGNED: _____ **PRINT:** _____
Signature of Parent or Guardian Name of Parent or Guardian

Address of Parent or Guardian

Must be received by district of residence by November 1, 2011

I hereby certify that _____ is enrolled in a public school in this district and has attended that school for the full school year 2011-2012.

_____ ***may apply to participate in the Interdistrict Public School Choice Program.***

_____ ***may not apply to participate in the Interdistrict Public School Choice Program. REASON:*** _____

Signed: _____, Superintendent

School District

Must be received by parent by November 22, 2011