**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***

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***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***