

**INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
for the
2011-2012 School Year**

TO: The Superintendent/Chief School Administrator **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 2011. I understand that you will notify me in writing no later than **May 9, 2011** whether or not my child may participate in the school choice program.

RE: _____
Your child's name

Your child's address

Public School attending in district of residence for 2010-2011 school year: _____

Grade level in district of residence for 2010-2011 school year: _____

Resident District Approval? _____ **YES** _____ **No** _____

Does this student have an IEP? _____ **YES** _____ **No** _____ **Explanation**

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

Address of Parent or Guardian

City

Phone Number

Due to district of residence no later than May 2, 2011
**Admission for the 2011-2012 school year will depend
on the continuation of funding for the program.**