

RUNNEMEDE SCHOOL DISTRICT

INTERDISTRICT PUBLIC SCHOOL CHOICE

**NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
for the 2013-2014 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 2013. I understand that you will notify me in writing no later than **November 21, 2012** whether or not my child may participate in the school choice program

RE: _____
Your child's name

Your child's address

PUBLIC SCHOOL ATTENDING FOR 2012-13 SCHOOL YEAR: _____
GRADE LEVEL IN DISTRICT OF RESIDENCE FOR 2012-13 SCHOOL YEAR: _____
RESIDENT DISTRICT APPROVAL: _____ **YES** _____ **NO**
DOES STUDENT HAVE AN IEP? _____ **YES** _____ **NO**

SIGNED: _____ **PRINT:** _____
(Signature of Parent or Guardian Name of Parent /Guardian)

Address of Parent or Guardian

Due to district of residence by NOVEMBER 2, 2012
Admission for the 2013-2014 school year will depend
on the continuation of funding for the program.