

Interdistrict Public School Choice
Notification of Intent to Participate in the
Interdistrict Public School Choice Program
for the
2012-2013 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 2012. I understand that you will notify me in writing 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

Due to district of residence by November 15, 2011

**Admission for the 2012-2013 school year will depend
on the continuation of funding for the program.**

Sending District
Interdistrict Public School Choice Program
Confirmation Form

I hereby certify that _____

(Insert name of student)

is / is not enrolled in a public school in this district and has /has not
attended such school for the full school year 2012-2013.

Signed: Superintendent or Authorized School Official

Name of District

Date: _____