

**INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
FOR THE
2012-2013 SCHOOL YEAR**

DATE: _____

TO: The Superintendent/CSA of _____ (district where you live)

FROM: _____

RE: Intent to participate in School Choice

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, 2012** whether or not my child may participate in the school choice program.

Child's Name: _____

Child's Address: _____

Current School: _____

Current Grade: _____

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

(Address of Parent or Guardian)

**** This form is due to the district of residence (district where you live) by November 1, 2011 ****