

Interdistrict Public School Choice

2017/18 Notice of Intent to Enroll Student in Choice District

To be completed by parent/guardian. DUE to Choice District by January 6, 2017.

TO: Maria Eppolite, Superintendent of Schools
Bloomsbury School District
20 Main Street
Bloomsbury, NJ 08804

FROM: _____
Name of Parent/Guardian

RE: _____ **Grade for 2017-18 School Year:** _____
Name of Student

Date: _____

As parent/guardian of the above-referenced student, I certify my intent to enroll my child in the Bloomsbury School District beginning September 2017. I grant permission to the Bloomsbury School District to obtain all necessary student records from my child's district of residence.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____