

Interdistrict Public School Choice

2018/19 Notice of Intent to Enroll Student in Choice District

To be completed by parent/guardian. DUE by January 5, 2018.

TO: Dr. Jenniffer Marycz, CSA
Bloomsbury School District
20 Main St.
Bloomsbury, NJ 08804

FROM: _____
Name of Parent/Guardian

RE: _____ **Grade for 2018-19 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, 2018. 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: _____