

INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

2017/18 NOTIFICATION OF INTENT TO PARTICIPATE IN THE INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM

Submit this form to the Superintendent of your resident district.

Date: _____

To: Superintendent of Schools of the _____
Name of Resident District

From: _____
Name of parent/guardian

Re: Interdistrict Public School Choice Program Notice of Intent to Participate

As parent/guardian of the student named below, I am submitting this written notification of my child's intention to participate in the 2017/18 Interdistrict Public School Choice Program.

Student's Name: _____ **Current School:** _____ **Current Grade:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Parent/Guardian Signature: _____ **Date:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Contact Number: _____