

**NOTICE OF INTENT TO PARTICIPATE**  
**In the Inter-district Public School Choice Program**  
**For the 2019-2020 School Year**

**DATE:** \_\_\_\_\_

**TO: The Superintendent/Chief School Administrator of** \_\_\_\_\_  
**(Student's Resident District)**

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my student's intent to participate in the Inter-district Public School Choice Program in September, 2018. (*No response from the resident district is required, but please request a signed and dated receipt for your records.*) The resident district will be notified no later than January 15, 2019 by the choice district if my student has been accepted and will be enrolling in a choice district for the 2019-2020 school year.

If my student enrolls in a choice district, transportation will be the responsibility of the resident district, provided my student meets the eligibility requirements of state law and the choice district is within 20 miles of my student's residence. Information on school choice transportation and procedures can be found at <http://www.state.nj.us/education/finance/transportation/procedures/>.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Home Address

**CURRENT SCHOOL:** \_\_\_\_\_ **CURRENT GRADE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
Signature of Parent/Guardian

**PRINT:** \_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address of Parent/Guardian

\_\_\_\_\_  
Contact Number