

NOTICE OF INTENT TO ENROLL
In the Interdistrict Public School Choice Program
For the 2020-2021 School Year

DATE: _____

To Dr. Michael Brodzik
Superintendent of Schools

As Parent or Legal Guardian of the student named below, I certify my student's intention to enroll in the Interdistrict Public School Choice Program in the Pennsville School District in September 2020. I also grant permission to the Pennsville School District to obtain all necessary student records from my student's district of residence.

RE: _____
Student's Name

Student's Address

CURRENT SCHOOL AND DISTRICT OF RESIDENCE (2019-2020):

CURRENT GRADE LEVEL (2019-2020): _____

SIGNED: _____
Signature of Parent/Guardian

PRINT: _____
Name of Parent/Guardian

Address of Parent/Guardian

Parent's Phone

Parent's Email

Due to the Choice District by January 5, 2020*

Notes to Parents:

1. This form can be submitted to only one choice district.
- *2. Choice districts may accept late applicants.
3. Transportation may not be provided for your student. Depending on the circumstances, the resident district may provide aid in lieu of transportation. Read the transportation procedures for more information: http://www.state.nj.us/education/finance/transportation/procedures/choice_proc.pdf

Note to Resident Districts:

This form serves as notification that this student has been accepted into a choice program in SY2016-17. **No action is required on your part; however you will be responsible for providing transportation if the student meets the eligibility requirements.** For information on the choice program and responsibilities of resident districts, visit the choice website: <http://www.state.nj.us/education/choice/rdistricts/>