

INTERDISTRICT PUBLIC SCHOOL CHOICE

**NOTICE OF INTENT TO ENROLL STUDENT
IN CHOICE DISTRICT**

TO: Mr. Robert Garguilo, Chief School Administrator
Folsom School District
1357 Mays Landing Road
Folsom, NJ 08037

The undersigned, as parent(s) or legal guardian(s) of
(Name of student) _____
certify our intention to enroll
(Name of student) _____
in grade _____ *(enter grade level)* at **Folsom School** in **Folsom School District** for the
school year beginning in September 2011. We understand that this Notice of Intent to Enroll is
binding upon (Name of student) _____
and that (Name of student) _____
must remain enrolled in **Folsom School District** for at least the full 2011-2012 school year.

Signature Date: _____

Print name

Signature Date: _____

Print name

**Due to choice district and district of residence no later than January 14, 2011. Admission
for the 2011-2012 school year will depend on the continuation of funding for the program.**