

**INTERDISTRICT PUBLIC SCHOOL CHOICE**  
**NOTIFICATION OF INTENT TO PARTICIPATE IN THE**  
**INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM**  
*for the*  
**2011-2012 School Year**

**TO:** The Superintendent/Chief School Administrator      **DATE:** \_\_\_\_\_

\_\_\_\_\_  
Name of the district where you live

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my child's intention to participate in the Interdistrict Public School Choice Program (school choice program) in September 2011. I understand that you will notify me in writing no later than **November 24, 2010** whether or not my child may participate in the school choice program.

**RE:** \_\_\_\_\_  
Your child's name

\_\_\_\_\_  
Your child's address

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

**SIGNED:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_  
Signature of Parent or Guardian      Name of Parent or Guardian

\_\_\_\_\_  
Address of Parent or Guardian

\_\_\_\_\_

***Due to district of residence by November 3, 2010***  
**Admission for the 2011-2012 school year will depend**  
**on the continuation of funding for the program.**