

NOTICE OF INTENT TO PARTICIPATE

In The Interdistrict Public School Choice Program

For the 2017-2018 School Year

For the Lenape Valley Regional High School District

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 child's intent to participate in the Interdistrict Public School Choice Program in September, 2017. *(Please request a signed and dated copy from your home district of this form for our records.)* The resident district will be notified no later than January 16, 2017 by the choice district if my child has been accepted and will be enrolling in a choice district for the 2017-2018 school year.

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

Home District Administrator/Assistant

Date