Interdistrict Public School Choice

Notification of Intent to Participate

In the Interdistrict Public School Choice for the 2011 -2012 School Year

TO: The Superintendent / Chief School Administrator **DATE:** _____

Name of District Where You Live:_____

RE: _____

(Your Child's Name)

_____

(Your Child's Address)

Current School: _____

Current Grade: _____

Signature:_____

(Signature of Parent / Guardian)

Print: _____

(Name of Parent / Guardian)

Phone Number of Parent / Guardian:

_____

Address of Parent / Guardian:

_____

(Street)

_____ _____ _____

(City) (State) (Zip)

Please Note: This form must be completed in its entirety and signed by the parent / guardian.

The Department of Education recommends this form be mailed via **certified** UPSP or hand delivered (be sure to ask for a receipt if hand delivered) to the Superintendent's Office in the district which you reside. This form must be received by your resident district by **Monday, May 2, 2011 (Revised Date)**.