

INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
2012-2013

Date: _____

To: The Superintendent/Chief School Administrator

(Name of the district where you live)

Re: Child's Name: _____

Child's Address: _____

CURRENT SCHOOL: _____ CURRENT GRADE: _____

As Parent/Legal Guardian of the student named above, I am submitting this written notification of my child's intention to participate in the Interdistrict Public School Choice Program (Stafford Township School District) in September 2012. I understand that you will notify me in writing whether or not my child may participate in the school choice program.

SIGN: _____ PRINT: _____
Signature of Parent or Guardian Print Name of Parent or Guardian

Address of Parent or Guardian:

I hereby certify that _____ is enrolled in a public school in this district and has attended that school for the full school year 2011-2012.

_____ may apply to participate in the Interdistrict Public School Choice Program.

_____ may not apply to participate in the Interdistrict Public School Choice Program.

REASON: _____

Signed: _____, Superintendent

_____ School District