

**Interdistrict Public School Choice Program**  
**Notification To Parent or Guardian**  
**Re: Student Participation in the**  
**Interdistrict Public School Choice Program**  
**Academies@Englewood**  
**Class of 2014**

To: \_\_\_\_\_  
(name of parent/legal guardian) (please print)

Address: \_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_, Superintendent signature  
\_\_\_\_\_, Name of District of Residence

Date: \_\_\_\_\_

We have reviewed your Notice of Intent to Enroll \_\_\_\_\_ (name of student)  
in a choice district for the school year beginning September 2010, and have determined that  
\_\_\_\_\_ (name of student)

Check one:

1. \_\_\_\_ may participate in the Interdistrict Public School Choice Program. A copy of this notice must be included with the Application for Enrollment submitted for the student to the choice district.
2. \_\_\_\_ may not participate in the Interdistrict Public School Choice Program because (please provide complete explanation for this determination made by district of residence):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERINTENDENT: Please return signed copy to parent at address above.

PARENT: After obtaining superintendent's signature, return this form to:

Michele Farley, Admissions Committee Chair  
Academies @ Englewood  
Englewood Public School District  
274 Knickerbocker Road  
Englewood, NJ 07631  
Fax: 201-503-1839