

**Interdistrict Public School Choice Program
Notification To Parent or Guardian
Re: Student Participation in the
Interdistrict Public School Choice Program
Academies@Englewood
Class of 2016**

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 2012, 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: 201-833-9620