

**INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
NOTIFICATION OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
ACADEMIES @ ENGLEWOOD
CLASS OF 2016**

TO: The Superintendent/Chief School Administrator

DATE: _____

Name of the district where you live

As parent/legal guardian of the student named below, I am submitting this written notification of my child's intention to participate in the Interdistrict Public School Choice Program, *Academies @ Englewood*, in September 2012. I understand that you will notify me in writing no later than January 13, 2012 whether or not my child may participate in the school choice program.

RE:

Your child's name

Your child's address

CURRENT SCHOOL: _____ **CURRENT GRADE:** _____

SIGNED: _____

Signature of Parent or Guardian

PRINT: _____

Name of Parent or Guardian

Address of Parent or Guardian

Due to district of residence by January 6, 2012

Note to Superintendent: Please retain this form for your records.