

**Interdistrict Public School Choice Program  
Notification To Parent or Guardian  
Re: Student Participation in the  
Interdistrict Public School Choice Program  
Academies@Englewood  
Class of 2015**

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 2011, 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.

<p>PARENT: After obtaining superintendent's signature, return this form to:</p> <p style="text-align:center">Peter Elbert, Admissions Committee Chair Academies @ Englewood Englewood Public School District 12 Tenafly Road Englewood, NJ 07631 Fax: 201-567-1525</p>
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