

**INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM  
NOTIFICATION OF INTENT TO PARTICIPATE IN THE  
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM  
ACADEMIES @ ENGLEWOOD  
CLASS OF 2015**

**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 2011. I understand that you will notify me in writing no later than January 21, 2011 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 7, 2011**

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