

**INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM**

**2017/18 NOTIFICATION OF INTENT TO PARTICIPATE IN THE INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM**

Submit this form to the Superintendent of your resident district.

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

**To:** Superintendent of Schools of the \_\_\_\_\_  
*Name of Resident District*

**From:** \_\_\_\_\_  
*Name of parent/guardian*

**Re:** Interdistrict Public School Choice Program Notice of Intent to Participate

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As parent/guardian of the student named below, I am submitting this written notification of my child's intention to participate in the 2017/18 Interdistrict Public School Choice Program.

**Student's Name:** \_\_\_\_\_ **Current School:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_