

The Greater Egg Harbor Regional High School District

INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTICE OF INTENT TO PARTICIPATE IN THE
INTERDISTRICT PUBLIC SCHOOL CHOICE PROGRAM
For the 2012-2013 School Year

DATE: _____

TO: The Superintendent/Chief School Administrator

Of _____

(Student's Resident District)

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 (School Choice Program) in September 2012. I understand that you will notify me, ***in writing, no later than November 22, 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/Guardian

PRINT: _____

Name of Parent/Guardian

Address of Parent/Guardian

Due to child's district of residence (Sending District) by November 15, 2011.