

Lopatcong Township School District

NOTICE OF INTENT TO ENROLL

In the Interdistrict Public School Choice Program for the 2017-2018 School Year

Due to the Choice District by January 6, 2017*

(* Choice districts may accept late applicants, however late applicants will be considered only after those who applied by the deadline and only if choice seats are available.)

INSTRUCTIONS:

For Parents of Accepted Choice Students:

1. This form must be returned to the choice district by January 6, 2017, or as soon as possible after notification of acceptance by the choice district. *The form can be submitted to only ONE choice district.*

2. Transportation may not be provided for your student. Depending on the circumstances, the resident district may provide aid in lieu of transportation. Read the transportation procedures for more information:

http://www.state.nj.us/education/finance/transportation/procedures/choice_proc.pdf

For Choice Districts:

The choice district must send a copy of each accepted Choice student's *Notice of Intent to Enroll* to the respective resident district by January 16 or as soon as possible after receipt from parents to serve as notification.

For Resident Districts:

This form serves as notification that this student has been accepted into a choice program in SY2017-18. No action is required on your part, however you will be responsible for providing transportation if the student meets the eligibility requirements. For information on the choice program and responsibilities of resident districts, visit the choice website: <http://www.state.nj.us/education/choice/rdistricts/>

DATE: _____

To: Rainie Roncoroni, Superintendent
Lopatcong Township School District
321 Stonehenge Drive
Phillipsburg, NJ 08865

As Parent or Legal Guardian of the student named below, I certify my student's intention to enroll in the Interdistrict Public School Choice Program in the Lopatcong Township School District in September 2017. I also grant permission to the Lopatcong Township School District to obtain all necessary student records from my student's district of residence.

RE: _____
Choice Student's Name

Choice Student's Address

STUDENT'S CURRENT SCHOOL AND DISTRICT OF RESIDENCE (2016-2017):

STUDENT'S CURRENT GRADE LEVEL (2016-2017): _____

SIGNED: _____
Signature of Parent/Guardian

PRINT: _____
Name of Parent/Guardian

Address of Parent/Guardian

Parent's Phone

Parent's Email