

**NOTICE OF INTENT TO ENROLL**  
**In the Interdistrict Public School Choice Program**  
**For the 2014-2015 School Year**

**DATE:** \_\_\_\_\_

To: Mr. Gary M. Loudenslager, Superintendent  
Deptford Township School District  
2022 Good Intent Road  
Deptford, NJ 08096

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 Deptford Township School District in September 2014. I also grant permission to the Deptford Township School District to obtain all necessary student records from my student's district of residence.

**RE:** \_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Address

**CURRENT SCHOOL AND DISTRICT OF RESIDENCE (2013-2014):**

\_\_\_\_\_  
**CURRENT GRADE LEVEL (2013-2014):** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_  
Signature of Parent/Guardian

**PRINT:** \_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Address of Parent/Guardian

\_\_\_\_\_  
Parent's Phone

\_\_\_\_\_  
Parent's Email

**Due to the Choice District by January 6, 2014**

**Notes: This form can be submitted to only one choice district.**

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