

Lindenwold Public Schools
INTERDISTRICT PUBLIC SCHOOL CHOICE
NOTICE OF INTENT TO ENROLL STUDENT IN CHOICE DISTRICT



First Tier – Eligible Public School Students

TO: Mrs. Geraldine Carroll, Superintendent
Lindenwold Public Schools
801 Egg Harbor Road
Lindenwold, NJ 08021

The undersigned, as parent(s) or legal guardian(s) of *(Name of student)*_____

certify our intention to enroll *(Name of student)* _____

in grade _____ *(enter grade level)* in **Lindenwold Public Schools** for the school year beginning in

September, 2013. We understand that this Notice of Intent to Enroll is binding upon *(Name of student)*

_____ and that *(Name of student)* _____

must remain enrolled in **Lindenwold Public Schools** for at least the full 2013-2014 school year.

Parent/Legal Guardian Signature Date: _____

Print name

Parent/Legal Guardian Signature Date: _____

Print name



This form must be submitted to the choice district no later than
January 15, 2013.

Admission for the 2013-2014 school year will depend on the continuation of
funding for the school choice program.

