

**NOTICE OF INTENT TO ENROLL**  
**In the Inter-district Public School Choice Program**  
**For the 2022-2023 School Year**

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

To: **Zachary Palombo, CSA**  
**West Cape May School District**  
**301 Moore Street**  
**West Cape May, NJ 08204**

As a 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 West Cape May Elementary School in **September 2022**. I also grant permission to the West Cape May Elementary School District to obtain all necessary student records from my student's district of residence. This information may include cumulative folder, intelligence/achievement test results, health, child study team placement/assessment, discipline and any other information pertinent to pupil placement/instruction, including speech, guidance and other related services.

RE: \_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Address

**CURRENT SCHOOL AND DISTRICT OF RESIDENCE (2021-2022):**

**CURRENT GRADE LEVEL (2021-2022):** \_\_\_\_\_

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

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

\_\_\_\_\_  
Parent Phone

\_\_\_\_\_  
Parent Email

**Due to the Choice District by January 6, 2022**

**Note:** This form may be **submitted to only ONE Choice district.**

Resident districts are responsible for student transportation. Depending on the circumstances, the resident district may provide aid in lieu of transportation. For more information, please read the NJDOE transportation procedures: [http://www.state.nj.us/education/finance/transportation/procedures/choice\\_proc.pdf](http://www.state.nj.us/education/finance/transportation/procedures/choice_proc.pdf)