

NOTICE OF INTENT TO ENROLL
In the Inter-district Public School Choice Program
For the 2023-2024 School Year

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

Date: _____

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 2023**. 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: _____ **CURRENT GRADE LEVEL:** _____
Student Name

Student Address

CURRENT SCHOOL: _____

DISTRICT OF RESIDENCE: _____

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 5, 2023

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