

SCHOOLS OF CHOICE PROGRAM

(Section 105 – State Aid Act)

Date for enrollment shall be 15 calendar days but no later than the end of the first week of the new semester.

School Year _____

Notification of Acceptance for the School Year 20____-20____

2nd Semester _____

Student Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home District: _____

Choice District and Grade in which enrollment has been requested and accepted:

District: _____ Grade: _____

Superintendent or Designee: _____ Date: _____
(Signature)

District in which release has been approved:

District Release Superintendent: _____ Date: _____
Only needed if School of Choice window has closed

If you agree with the above placement for the school year 20____-20____ semester____, please sign below.

Parent/Guardian Signature: _____ Date: _____

Student Signature (if over 18): _____ Date: _____

After signing, keep a copy of this form for your records, and return a copy no later than the end of the first week of the new semester to the district of acceptance (address shown in box below). Also, contact the district of acceptance no later than the end of the first week of the new semester to arrange for the transfer of your child's records and complete registration for the new school year or new semester.

(District of Acceptance enter return address here.)