

# 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\_\_\_\_**

2<sup>nd</sup> 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.)