

# SCHOOLS OF CHOICE PROGRAM

(Section 105 – State Aid Act)

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)

**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 to the district of acceptance (address shown in box below). Also, contact the district 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.)