

**NOTICE OF INTENT TO ENROLL**  
**In the Interdistrict Public School Choice Program**  
**For the 2025-2026 School Year**

**DATE:** \_\_\_\_\_

To Dr. Michael Brodzik  
Superintendent of Schools

As 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 Pennsville School District in September, 2022. I also grant permission to the Pennsville School District to obtain all necessary student records from my student's district of residence.

**RE:** \_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Address

**CURRENT SCHOOL AND DISTRICT OF RESIDENCE (2023-2024):**

\_\_\_\_\_  
**CURRENT GRADE LEVEL (2024-2025):** \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Parent's Phone

\_\_\_\_\_  
Parent's Email

**Due to the Choice District by January 5, 2025\***

**Notes to Parents:**

**1. This form can be submitted to only one choice district.**

**\*2. Choice districts may accept late applicants.**

**3. Transportation may not be provided for your student. Depending on the circumstances, the resident district may provide aid in lieu of transportation. Read the transportation procedures for more information: [http://www.state.nj.us/education/finance/transportation/procedures/choice\\_proc.pdf](http://www.state.nj.us/education/finance/transportation/procedures/choice_proc.pdf)**

**Note to Resident Districts:**

**This form serves as notification that this student has been accepted into a choice program in SY2022-23. No action is required on your part; however you will be responsible for providing transportation if the student meets the eligibility requirements. For information on the choice program and responsibilities of resident districts, visit the choice website: <http://www.state.nj.us/education/choice/rdistricts/>**