

## Notice of Intent to Enroll

In the Interdistrict Public School Choice Program  
For the 2022-2023 School Year

Date: \_\_\_\_\_

To: **Mr. Dennis Tobin** (Student's Resident District) \_\_\_\_\_  
Interim Superintendent  
Andover Regional School District  
707 Limecrest Road  
Newton, NJ 07860

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

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Choice Student's Name: \_\_\_\_\_

Choice Student's Address: \_\_\_\_\_

Student's Current School (2021-2022): \_\_\_\_\_

Student's Current District of Residence (2021-2022): \_\_\_\_\_

Student's Current Grade Level (2021-2022): \_\_\_\_\_

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

Printed Name of Parent/Guardian: \_\_\_\_\_

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

Parent's Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_