

Notice of Intent to Enroll

In the Interdistrict Public School Choice Program
For the 2023-2024 School Year

Date: _____

To: **Dr. Clifford Burns** (Student's Resident District) _____
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 2023. I also grant permission to the **Andover Regional School District** to obtain all necessary student records from my student's district of residence.

Choice Student's Name: _____

Choice Student's Address: _____

Student's Current School (2022-2023): _____

Student's Current District of Residence (2022-2023): _____

Student's Current Grade Level (2022-2023): _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Parent's Phone: _____ Parent's Email: _____