

Notice of Intent to Enroll

In the Interdistrict Public School Choice Program
For the 2024-2025 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 2024. 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 (2023-2024): _____

Student's Current District of Residence (2023-2024): _____

Student's Current Grade Level (2023-2024): _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

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