SCHOOLS OF CHOICE PROGRAM

(Section 105 – State Aid Act)

Date for enrollment shall be 15 calendar days but no later than the end of the first week of the new semester.

School Year_____

Notification of Acceptance for the School Year 20____-20____

2nd 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:_____

(District of Acceptance enter return address here.)