

**Notice of Intent to Enroll**  
**In the Interdistrict Public School Choice Program for the 2019-2020 School Year**

**Due to the Choice District by January 4, 2019\***

\* Choice districts may accept late applicants, however late applicants will be considered only after those who applied by the deadline and only if choice seats are available.

**Instructions:**

**For Parents of Accepted Choice Students:**

1. Parents of students who will accept enrollment in the choice district must fill in this form and return it to the choice district **by January 4, 2019**, or as soon as possible after notification of acceptance by the choice district. *The form can be submitted to only one choice district.*
2. 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.
3. Choice districts may set a deadline for registration for new choice students; if a newly accepted choice student does not register by the publicized deadline, then the district can revoke acceptance and notify the next applicant on the waitlist of conditional acceptance.

**For Choice Districts:**

The choice district must send a copy of each accepted Choice student's **Notice of Intent to Enroll** to the respective resident district **by January 15** or as soon as possible after receipt from parents to serve as notification.

Choice districts may set a deadline for registration for new choice students; if a newly accepted choice student does not register by the publicized deadline, then the district can revoke acceptance and notify the next applicant on the waitlist of conditional acceptance.

**For Resident Districts:**

This form serves as notification that this student has been accepted into a choice program in SY2019-20. *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](#).

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**Notice of Intent to Enroll Form:**

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

**To: Dr. Gregory C. Farley, Chief School Administrator**  
**Bethlehem Township School District**  
**280 Asbury-West Portal Road**  
**Asbury NJ 08802**

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 Bethlehem Township School District in September 2019. I also grant permission to the Bethlehem Township 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 (2018-19):** \_\_\_\_\_

**Student's Current District of Residence (2018-2019):** \_\_\_\_\_

**Student's Current Grade Level (2018-2019):** \_\_\_\_\_

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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