



Notice of Intent to Enroll Form

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.



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Date: _____

To: CLAYTON BOARD OF EDUCATION

NIKOLAOS KOUTSOGIANNIS
350 EAST CLINTON STREET
CLAYTON, NJ 08312

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 CLAYTON PUBLIC SCHOOL DISTRICT in September 2019. I also grant permission to the CLAYTON PUBLIC 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: _____

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.