

**Notice of Intent to Enroll
in the Choice Program for the 2024-2025 School Year**

Due to the Choice District by January 5, 2024*

* 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.

Notice of Intent to Enroll Form:

Date: _____

**To: Dr. Amiot P. Michel
Salem City School District
205 Walnut Street
Salem NJ 08079**

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 **Salem City School District** in September 2024. I also grant permission to the **Salem City 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 (2023-24):

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: