

**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:**