

## NOTICE OF INTENT

Please provide all the information requested below and return this form to your child's school by **January 15, 2018**.

### Student Information

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Current Grade                      Student ID

### Student and Primary Parent/Guardian Address

\_\_\_\_\_  
Street

\_\_\_\_\_  
City                      State                      Zip Code

### Parent/Legal Guardian Information

\_\_\_\_\_  
Last Name                      First Name                      Relationship to Above

I certify that all the information on this Notice of Intent form is correct and true to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Date

#### Preferred contact method (please check one):

\_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
(best number to reach you)

\_\_\_\_\_  
Email: \_\_\_\_\_  
(email address)

### DECISION REGARDING INTENT TO RETURN OR STAY

Student: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_

Current School (2017-2018): \_\_\_\_\_ Newly Zoned School (2018-2019): \_\_\_\_\_

- This student will attend their newly zoned school in School Year 2018-2019.
- This student will remain at their current school due to the following exemption: \_\_\_\_\_

Sibling\*: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_

Current School (2017-2018): \_\_\_\_\_ Newly Zoned School (2018-2019): \_\_\_\_\_

- This student will attend their newly zoned school in School Year 2018-2019.
- This student will remain at their current school due to the following exemption: \_\_\_\_\_

Sibling\*: \_\_\_\_\_ Grade (2018-2019): \_\_\_\_\_

Current School (2017-2018): \_\_\_\_\_ Newly Zoned School (2018-2019): \_\_\_\_\_

- This student will attend their newly zoned school in School Year 2018-2019.
- This student will remain at their current school due to the following exemption: \_\_\_\_\_

\*Siblings were determined based on address in ACPS's Student Information System. If the siblings listed on this form are not siblings of your rising 4th or 5th grader or if siblings of your rising 4th or 5th grader are not listed, please contact Student Services, Alternative Programs and Equity at 703-619-8034 or student\_services@acps.k12.va.us.

#### For Department Use Only

Form Received On: \_\_\_\_\_ Transportation: \_\_\_\_\_ YES \_\_\_\_\_ NO

Notes: \_\_\_\_\_

**Please return this form to the registrar at your child's current elementary school by January 15, 2018.**

If you have questions, please contact the Department of Student Services, Alternative Programs and Equity at 703-619-8034 or student\_services@acps.k12.va.us.