

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

## Upper Township School District

525 Perry Road • Petersburg, NJ 08270 Phone (609) 628-3500 • Fax (609) 628-2002 www.upperschools.org

## NOTICE OF INTENT TO PARTICIPATE

In the Upper Township Interdistrict Public School Choice Program
For the 2020-2021 School Year

If your student is currently registered with his/her resident district, please complete this form, submit it to your <u>resident district by December 3, 2019</u> and obtain a signed receipt or copy acknowledging that you have submitted this required form. (Note: As defined by law, the resident district <u>must be informed</u> if a student intends to participate in a choice program).

<b>To</b> : The Superintendent/Chief School Admin	istrator of
	(Student's Resident District)
notification of my student's intent to particip School Choice Program in September 2020. T	named below, I am submitting this written pate in the Upper Township Interdistrict Public he resident district will be notified no later than chool District if my student has been accepted the 2020-2021 school year.
responsibility of the resident district, I	•
Student's First Name:	Student's Last Name:
Student's Home Address:	
Current School:	
Current Grade:	
Address of Parent/Guardian:	
Phone Number:	Email:
Signed:	Print:
Signature of Parent/Guardian	Name of Parent/Guardian