

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 2024-2025 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 November 17, 2023</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).

| To : The Superintendent/Chief School Admir | nistrator of |
|--|---|
| 10. The supermentancy differ sensor raining | (Student's Resident District) |
| notification of my student's intent to participate School Choice Program in September 2024. To | named below, I am submitting this written pate in the Upper Township Interdistrict Public The resident district will be notified no later than School District if my student has been accepted the 2024-2025 school year. |
| responsibility of the resident district, | • |
| 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 |