

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 2025-2026 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 15, 2024</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 Admin	istrator of
10. The superintendent/ Chief School Admin	(Student's Resident District)
notification of my student's intent to particip School Choice Program in September 2025. T	named below, I am submitting this written bate in the Upper Township Interdistrict Public The resident district will be notified no later than School District if my student has been accepted or the 2025-2026 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