



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 ENROLL In the Interdistrict Public School Choice Program For the 2024-2025 School Year

As Parent or Legal Guardian of the student named below, I certify my student's intention to enroll in the Upper Township Interdistrict Public School Choice Program in September 2024. I also grant permission to the Upper Township School District to obtain all necessary student records from my student's district of residence.

STUDENT'S NAME (FIRST, LAST): _____

STUDENT'S ADDRESS: _____

2023-2024 SCHOOL NAME: _____

2023-2024 DISTRICT OF RESIDENCE: _____

2024-2025 GRADE LEVEL: _____

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____

ADDRESS OF PARENT/GUARDIAN: _____

PARENT/GUARDIAN PHONE #: _____

PARENT/GUARDIAN EMAIL: _____

Please return this form to Upper Township by *January 5, 2024*

**Email: pessolano@upperschools.org mail to
525 Perry Road, Petersburg, NJ 08270**

(Families can ONLY submit this form to one choice district)

Transportation may not be provided for your student. Depending on the circumstances, the resident district may provide aid in lieu of transportation. For more information regarding transportation, please visit the following site:

http://www.state.nj.us/education/finance/transportation/procedures/choice_proc.pdf