

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 2022-2023 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 1, 2021</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 Admi	nistrator of
,	(Student's Resident District)
As Parent/Legal Guardian of the student named below, I am submitting this writte notification of my student's intent to participate in the Upper Township Interdistrict Publis School Choice Program in September 2022. The resident district will be notified no later tha January 13, 2022, by the Upper Township School District if my student has been accepte and will be enrolling in the choice district for the 2022-2023 school year.	
responsibility of the resident district, requirements of state law and the choice or residence. Information on school choice training	ship School District, transportation will be the provided my student meets the eligibility district is within 20 miles of my student's legansportation and procedures can be found at: <a href="mailto:/transportation/procedures/choice.proc.pdf">(transportation/procedures/choice.proc.pdf</a>
Student's First Name:	Student's Last Name:
Student's Home Address:	
Current School:	
Current Grade:	
Address of Parent/Guardian:	
Phone Number:	Email:
	Print:
Signature of Parent/Guardian	Name of Parent/Guardian