



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 2016-2017 School Year

If your student is currently registered with his/her resident district, please complete this form, submit it to your resident district by December 1, 2015 and obtain a signed receipt or copy acknowledging that you have submitted this required form. (Note: As defined by law, the resident district must be informed if a student intends to participate in a choice program).

Date: _____

To: The Superintendent/Chief School Administrator of _____
(Student's Resident District)

As Parent/Legal Guardian of the student named below, I am submitting this written notification of my student's intent to participate in the **Upper Township Interdistrict Public School Choice Program** in September 2016. The resident district will be notified no later than January 15, 2016, by the Upper Township School District if my student has been accepted and will be enrolling in the choice district for the 2016-2017 school year.

If my student enrolls in the Upper Township School District, transportation will be the responsibility of the resident district, provided my student meets the eligibility requirements of state law and the choice district is within 20 miles of my student's legal residence. Information on school choice transportation and procedures can be found at:
http://www.state.nj.us/education/finance/transportation/procedures/choice_proc.pdf

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