



# Green Township School District

Box 14, Greendell, New Jersey 07839  
www.greenhills.org

**Dr. Jennifer Cenatiempo**  
Superintendent/Director of  
Personnel & Staff Development

**Mrs. Karen Constantino**  
Business Administrator/Board Secretary

**Mr. Jon Paul Bollette**  
Principal/Coordinator of Instruction

## **Notice of Intent to Enroll**

In the Interdistrict Public School Choice Program  
For the 2025-2026 School Year

**Due to the Choice District by January 13, 2025\***

\* Choice districts may accept late applicants, however, late applicants will be considered only after those who applied by the deadline and only if choice seats are available.

**Date:** \_\_\_\_\_

**To:** **Dr. Jennifer Cenatiempo Superintendent** Student's Resident District \_\_\_\_\_  
Green Hills School  
69 Mackerley Road  
Greendell, NJ 07839

As Parent or Legal Guardian of the student named below, I certify my student's intention to enroll in the Interdistrict Public School Choice Program in the ***Green Township School District*** in September 2025. I also grant permission to the ***Green Township School District*** to obtain all necessary student records from my student's district of residence.

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**Choice Student's Name:** \_\_\_\_\_

**Choice Student's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Student's Current School (2024-25):** \_\_\_\_\_

**Student's Current District of Residence (2024-2025):** \_\_\_\_\_

**Student's Current Grade Level (2024-2025):** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Address of Parent/Guardian:** \_\_\_\_\_  
\_\_\_\_\_

**Parent's Phone:** \_\_\_\_\_ **Parent's Email:** \_\_\_\_\_