

FREDERICK COUNTY PUBLIC SCHOOLS
OUT OF DISTRICT (ATTENDANCE) AREA APPLICATION
IN ACCORDANCE WITH REGULATION 400-15

If you have any questions please call: 240-236-2493 or email: outofdistrict@fcps.org

Student's Legal Name (No nicknames) \_\_\_\_\_

Request is for the school year 20 \_\_\_\_ - 20 \_\_\_\_

Grade child will be in during the school year requested above: \_\_\_\_\_ (For PRE-K contact Early Education Office 301-696-6864)

Contact Information (whom the child resides with):

Table with 5 columns: Parent/Guardian Name, Cell Number, Home Number, Work Number, Email Address. Two rows for contact information.

Address: \_\_\_\_\_

Name of most recent school attended: \_\_\_\_\_

Name of school the student should attend (from your address): \_\_\_\_\_

Name of school requested to attend: \_\_\_\_\_

The Out of District request must meet one of the established reasons listed in FCPS Regulation 400-15 to be considered for approval. If there is willful misrepresentation of information, the request will be denied or the approval will be revoked, and the child will be assigned to his/her home district school. (Check appropriate reason below.)

Acceptance in Academy or Signature Program: Name of Program: \_\_\_\_\_

Childcare - K thru 8th ONLY

Childcare Provider's Name: \_\_\_\_\_

Childcare Provider's Address: \_\_\_\_\_
Street Address City Zip Code

Childcare Provider's Phone Number: \_\_\_\_\_

Psychological/Health - Must provide written recommendation to support request from medical professional (must have an established therapeutic relationship with student for psychological requests). Send documentation with application to outofdistrict@fcps.org in PDF format.

Relocation into the requested school district - Must provide verification of bona fide plans to move into requested school district (copy of signed lease, copy of signed contract etc). Send documentation with application to outofdistrict@fcps.org in PDF format.

Child of Benefitted Employee -Name of Benefitted Employee: \_\_\_\_\_
Provide School/Office of Employment of Benefitted Employee: \_\_\_\_\_

Remainder of Current School Year - Student has completed the first two quarters of the school year, has moved, but desires to complete the school year in his/her current school.

Other -Give specific reasons for this request (see FCPS Reg. No. 400-15): \_\_\_\_\_

(Continue on another sheet and send with application to outofdistrict@fcps.org in PDF format.)

Note: If request is granted to attend a different school, applicant must complete enrollment in the approved school and provide a current proof of residency. FOR ALL OUT OF DISTRICT APPROVALS TRANSPORTATION FOR THE STUDENT MUST ALSO BE PROVIDED BY THE APPLICANT.

EXCEPTION for transportation: Transportation will only be provided to/from daycare providers within the school district. Otherwise, it is the responsibility of the parent/guardian to provide transportation for the student(s) to the approved out-of-district school.

I have read and understand these conditions and Regulation 400-15: \_\_\_\_\_
APPLICATIONS WITHOUT A SIGNATURE WILL NOT BE PROCESSED. Parent/Guardian Signature Date
by typing your name here, you accept the terms of the application.

FOR OFFICE USE ONLY: Approved Denied PPW: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_