

FREDERICK COUNTY PUBLIC SCHOOLS
Pre-K OUT OF DISTRICT (ATTENDANCE) AREA APPLICATION (Rev. 1/2020)

Parent/Guardian to Complete:

Name of Student: _____ Date of Birth: ____/____/____
 Request is for the school year 20____ - 20____ Grade: PRE-K Child must be 4 by Sept 1st

Name of Parent/Guardian: _____
 (with whom the child resides)

Address: _____

Phone Numbers:

_____	_____	_____
Home	Mother's Work	Father's Work
_____	_____	_____
Cell		E-Mail Address

Date and name of school you submitted the Pre-K application to: _____
 Name of school which student should attend (from your address): _____
 Name of school to which the transfer is requested: _____

Child care is provided by (complete only if childcare provider is someone other than parent/guardian):

Provider's Name: _____ Phone: _____

Address: _____
Street Address City Zip Code

FOR OFFICE USE ONLY Verified on: _____

Other – Give specific reasons as to why this transfer is being requested _____

Note: If transfer is granted, it is the responsibility of the parent/guardian to provide transportation for the student(s) to the approved out-of-district school. Your signature indicates that you have the legal authority/custody to make enrollment decisions for your child based on your residency in Frederick County.

 Parent/Guardian signature _____
 Date

School to Complete

Child qualifies as:

<input type="checkbox"/> Automatic Placement	<input type="checkbox"/> High Priority
<input type="checkbox"/> Low Priority	<input type="checkbox"/> Other

Child accepted for Head Start: Classroom _____ **School** _____

Submit completed form to: Office of Early Childhood Education, 191 S. East Street, 3rd Floor, Frederick, MD 21701 / Fax #301-644-4139
 Note: Decisions for Out of District Requests will be made in mid-August

FOR OFFICE USE ONLY:

Approved Denied Date: _____

Comments: _____