Frederick County Residents Reduced Tuition Form
Private School and Home School Students

To receive reduced tuition, this form must be completed and presented to the Student Accounts Office with a photo ID. It’s the responsibility of the student/parent to pay your tuition and fees to Frederick Community College by the payment due date. Check current course catalog for payment due dates.

| Student Name: ___________________________ | FCC Student ID# __________ |
| Address: ________________________________ | Semester: ___________________
| City: __________________ State: _____ County: ________________ |
| Phone Number: (___)-____-_________ |

Credit Courses: (Developmental classes are excluded from this benefit)

Course: ___________________________ Course: ___________________________
Course: ___________________________ Course: ___________________________

Please check one:
☐ Private School
Private School Name: ___________________________
Private School Address: ___________________________
City: __________ State: ____ County: ________________

☑ Home School
Home School Name (If applicable): ________
Home School Address: 33 Thomas Johnson Drive
City: Frederick State: MD County: Frederick

School Approval Required
School Official Signature: _______________________
Signature _______________________
Title _______________________
Date _______________________

I agree that the information provided above is accurate.

Student Signature: ___________________________ Date: _______________________
Parent/Guardian: ___________________________ Date: _______________________

School Approval Required
School Official Signature: _______________________
Signature _______________________
Title _______________________
Date _______________________

I agree that the information provided above is accurate.

Student Signature: ___________________________ Date: _______________________
Parent/Guardian: ___________________________ Date: _______________________

Home Instruction Monitor _______________________
Title _______________________
Date _______________________

School Approval Required
School Official Signature: _______________________
Signature _______________________
Title _______________________
Date _______________________

I agree that the information provided above is accurate.

Student Signature: ___________________________ Date: _______________________
Parent/Guardian: ___________________________ Date: _______________________

Home Instruction Monitor _______________________
Title _______________________
Date _______________________

School Approval Required
School Official Signature: _______________________
Signature _______________________
Title _______________________
Date _______________________

I agree that the information provided above is accurate.

Student Signature: ___________________________ Date: _______________________
Parent/Guardian: ___________________________ Date: _________________________