



Frederick County Public Schools
Reach. Challenge. Prepare.

FREDERICK COUNTY PUBLIC SCHOOLS
SPECIAL OPEN ENROLLMENT FOR SABILLASVILLE ELEMENTARY SCHOOL

*Completed forms must be returned by June 4, 2021 via email or fax to: corrina.nobis@fcps.org (email) or 240-236-8884 (fax)

If you have any questions please call: 240-236-8890 or email: corrina.nobis@fcps.org

Student's Legal Name (No nicknames) _____

Request is for the school year 20 21 - 20 22

Grade child will be in during the school year requested above: _____

Contact Information (whom the child resides with):

| Parent/Guardian Name | Cell Number | Home Number | Work Number | Email Address |
|----------------------|-------------|-------------|-------------|---------------|
| | | | | |
| | | | | |

Address: _____
City State Zip Code

Name of most recent school attended: _____

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

Special Open Enrollment for Sabillasville Elementary School ONLY

I am opting to have my child attend Sabillasville Elementary for the 2021-2022 school-year.

Transportation Preference for Sabillasville Elementary School (Please indicate your preference)

I am requesting to have my child transported by FCS from a designated hub nearest to my home. However, I understand that FCPS provided transportation is not guaranteed and will only be provided if there is sufficient interest to warrant it as practicable.

I will be responsible for providing my child transportation to and from school.

Comments: _____

Note: Transportation will only be provided by FCPS as much as is practicable. *Otherwise, it is the responsibility of the parent/guardian to provide transportation for the student(s). Decisions regarding transportation requests will be communicated as soon as possible after June 4, 2021.*

I have read, understand and agree to the above noted conditions.

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: _____