

Clear Form

Pre-K Out of District (Attendance) Area Application One Year Only

Frederick County Public Schools 191 South East Street Frederick, Maryland 21701

FCPS Form 400-91F2-E Regulation 400-91 April 2024

Parent / Guardian to Complete

Name of Student:			Date	of Birth:	
Request is for the school year 20	- 20	Grade: Pre-K			
Name of Parent / Guardian:					
Address (with whom the child reside					
·	Street		City	State	Zip Code
Phone Numbers: Home		Mother's work	Fat	her's work	•
		E-mail address			
Date and name of school you submit					
Name of school which student should					
Name of school to which the transfer					
Child care is provided by (comple	te only if chi	ildcare provider is some	one other than parent	t/guardian:	
Provider's Name:		·	<u>=</u>	-	
Address:					
Street			City	State	Zip Code
FOR OFFICE USE ONLY Verified					
Other – Give specific reasons as	to why this t	ransfer is being request	ed		
· ·					
Note: If transfer is granted, it is the approved out-of-district school. You your child based on your residency in	r signature ir	ndicates that you have t			
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