



Out of District (Attendance) Area Application

Student Services

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

[Reg. 400-15](#)
Form #400-15-F01E
August 2024

Application can be submitted via email: outofdistrict@fcps.org, via fax: 240-586-8849 or via US mail to: Department of Student Services, 5898 Hannover Drive, Frederick, MD 21703. If you have any questions please call: 240-586-8817 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 **Grades K-12 ONLY:** _____

Contact Information (whom the child resides with):

Parent/Guardian Name	Cell Number	Home Number	Work Number	Email Address
_____	_____	_____	_____	_____
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): _____

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/Signature Program (High School ONLY): 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 _____
Employee Name Work Location (school/office)

Student is requesting to remain in the school they currently attend. (Not for transitioning students: Pre-K to K, 5th to 6th, 8th to 9th)

Other -Give specific reasons for this request (see FCPS Reg. No. 400-15): **Send a separate sheet detailing your reason.**

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 above, you accept the terms of the application.

FOR OFFICE USE ONLY: Approved Denied PPW/CSC _____ Date: _____ Notes: _____

