



# Appeal Form

## Initial Out-of-District Transfer

### 4-205(c) Appeal

Clear Form

Frederick County Public Schools  
Department of Student Services  
5898 Hannover Drive  
Frederick, Maryland 21703

FCPS Form 400-15-F02  
Regulation [400-15](#)  
October 2025

#### DIRECTIONS

Before completing this form, please review [Superintendent's Regulation, 400-15](#), *Out of District Enrollment*, which explains your rights, the types of matters that may be appealed, required timelines, and procedural rules. The standard of review in appeals is whether the decision is arbitrary, unreasonable or illegal. The appellant has the burden of persuasion. An individual who wishes to appeal the decision of the pupil personnel worker may do so by filing this appeal form within ten (10) calendar days.

#### STUDENT INFORMATION *(Please Print)*

|                  |  |
|------------------|--|
| Student Name     |  |
| Current Grade    |  |
| Current School   |  |
| Requested School |  |

#### APPEAL INFORMATION *(Please Print)*

|                        |  |
|------------------------|--|
| Name of Appellant      |  |
| Mailing Address        |  |
| Email Address          |  |
| Preferred Phone Number |  |

#### APPEAL INFORMATION *(Please Print)*

|                                      |  |
|--------------------------------------|--|
| Date Decision Being Appealed         |  |
| Name of Pupil Personnel Worker (PPW) |  |

#### APPEAL DESCRIPTION *(Please Print)*

A concise statement of the issues you are raising. *Limit 1000 characters*

|  |
|--|
|  |
|--|

|   |
|---|
| Citation of any laws, policies, regulations, or rules you believe were violated, and how. <i>Limit 1000 characters</i>  |
|   |
| A concise statement of the facts supporting your position. <i>Limit 1000 characters</i>   |
|   |
| A statement indicating whether you agree or disagree (in whole or in part) with the PPW’s findings, and which facts you dispute, if any. <i>Limit 1000 characters</i> |
|   |
| A statement of the relief or remedy you are seeking (the outcome you want the Director/Designee to order). <i>Limit 1000 characters</i>                               |
|   |
| Copies of all relevant documents or evidence. List by name and attach to this appeal filing. <i>Limit 1000 characters</i>   |
|   |

| Signatures                             |  |
|--|--|
| Appellant Signature (Digital Accepted) |  |
| Date of Appeal                         |  |

**Completed Forms**

Submit your completed appeal form and supporting documents to Student Services by the required deadline.  
The form should be sent electronically to:  
[outofdistrict@fcps.org](mailto:outofdistrict@fcps.org)

If hard copy submission is preferred, mail documents to:  
Frederick County Public Schools  
Office of Student Services  
191 South East Street  
Frederick, MD 21701

*Incomplete appeals may be dismissed. Late submissions will not be considered.  
The Department of Students Services will hear the appeal and issue a decision in writing.*

*Additional space as needed. Limit: 5000 characters.*