Out of District (Attendance) Area Application

Student Services

Clear Form

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

Reg 430-04
Form #400-F01E
November 2026

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 430-04 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: _____
Must provide copy of program acceptance letter. Send documentation with application to **outofdistrict@fcps.org in PDF format.**

☐ **Childcare - K thru 8th (FOR GRADES: 9TH-12TH parent must provide documentation stating exigent circumstances with application to outofdistrict@fcps.org in PDF format.)**

Childcare Provider's Name: _____ Phone: _____

Childcare Provider's Address: _____
Street Address City Zip Code

☐ **Mental Health** – Must provide written recommendation to support request from psychiatrist (must have an established therapeutic relationship with student for mental health 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 Pre-K to K, 5th to 6th, 8th to 9th students)

☐ **Sibling:** Student is requesting to attend the school where sibling attends: ***FOR PRE-K STUDENTS CONTACT PRE-K OFFICE 240-586-7735***

☐ **Other** -Give specific reasons for this request (see FCPS Reg. No. 430-04): **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 430-04.
APPLICATIONS WITHOUT A SIGNATURE WILL NOT BE PROCESSED..

_____ _____
Parent/Guardian Signature Date

By typing your name above, you accept the terms of the application.