



COOPER MIDDLE SCHOOL PRIVATE SCHOOL/PROGRAM APPLICATION PROCESS FORM

Please ensure you have completed this form and the checklist in its entirety prior to submitting it to Student Services.

Name (last, first, and middle initial) _____ Counselor _____ Student ID# _____

CHECKLIST:

- 1. Complete this form and submit it to your school counselor.
 - o Please note transcripts/records will be submitted to each school electronically
- 2. Turn the "[Consent for Release of Educational Records](#)" Form to your school counselor.
- 3. If Teacher or Counselor/Principal Letter of Recommendation is required, submit "[Request for Teacher/Counselor Letter of Recommendation Form](#)" & any required emails directly to the teacher or counselor. **Please submit this form & the Consent for Release of Educational Records form to your school counselor PRIOR to requesting a recommendation from your teacher/counselor.**
 - o 7th Grade A-K: Ms. Laura Wiley - lpwiley@fcps.edu
 - o 7th Grade L- Z: Ms. Jill Donnelly - jrdonnelly@fcps.edu
 - o 8th Grade A-K: Ms. Keyosha Lewis - klewis1@fcps.edu
 - o 8th Grade L-Z: Ms. Michele Saint Germain - mvsaintgerma@fcps.edu

Please submit this form & requests for recommendations at least 10 school days before the application deadline.

*School holidays/winter break do not count as school days.
Example: If the application due date is January 5, 2024, all forms must be turned in by December 6, 2023*

Date of Request	School or Program (Name and Email Address OR Portal)	Date Application is Due to School/Program	Transcript Requested (Yes or No)	Standardized Test Scores Requested (Yes or No)	504 Plan or IEP (Yes or No)	Name of Teacher(s) Providing Recommendation (Separate form required)	For Student Services Use Only Date Sent from Student Services
1.							
2.							
3.							
4.							