

Name (last, first and middle initial)

Request

1.

2.

3.

4.

COOPER MIDDLE SCHOOL PRIVATE SCHOOL/PROGRAM APPLICATION PROCESS FORM

Student ID#

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

CHECKLIST: Complete the information requested on this form below. ○ Please note transcripts/records will be submitted to each school electronically If Teacher Letter of Recommendation is required, submit "Request for Teacher Letter of Recommendation Form" & any required emails directly to the teacher. If a Principal or Counselor Letter of Recommendation is required, submit the "Principal or Counselor"					2	Please submit this form & requests for recommendations at least <u>2 WEEKS</u> before the application deadline			
	Reques	st for Recommendation Form" & any required emails direct	etty to your student's c aintgerma@fcps.edu pers@fcps.edu	counselor		to the Stude	ent Services Depart	ment.	
	accep	script Fee: The first requested copy of the transcroted through MySchoolBucks only. Cooper Middle ople: if your student is applying to 3 schools, the 1s	School will not em	nail transcrip	ots until payme	ent has bee	en received.		
	Date of	School or Program (Name and Email Address OR Portal)	Date Application is Due to	Transcript Requested	Standardized Test Scores Requested	504 Plan or IEP	Name of Teacher(s) Providing Recommendation	Transcript Request	For Student Services Use Only Date Sent

School/Program

(Yes or No)

from

Student

Services

Fee

FREE

\$5.00

\$5.00

\$5.00

(Yes or No)

(Separate form

required)

(Yes or No)

Team Assignment