



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.
 - 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.**
 - 7th Grade A-K: Ms. Keyosha Lewis kewis1@fcps.edu
 - 7th Grade L-Z: Ms. Michele Saint Germain mvsaintgerma@fcps.edu
 - 8th Grade A-K: Ms. Laura Wiley lpwiley@fcps.edu
 - 8th Grade L-Z: Ms. Jill Donnelly jrdonnelly@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.

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