

THOREAU 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.

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

***Please submit this form & requests
for recommendations at least
2 WEEKS before the application deadline***

CHECKLIST:

Complete the information requested on this form below.

-Please note transcripts/records will be submitted to each school electronically

If Teacher or Counselor/Principal Letter of Recommendation is required, submit "Request for Teacher Letter of Recommendation Form" & any required emails directly to the teacher or counselor.

- Mr. Fishman esfishman@fcps.edu – 7th Grade Penguin Team/8th Grade Wombat Team
- Ms. Gallagher jhgallagher@fcps.edu – 7th Grade Goats Team/8th Grade Hawk Team
- Ms. Lee fplee@fcps.edu – 7th Grade Wolfpack Team/8th Grade Falcon Team
- Ms. Turner kjturner@fcps.edu – 7th Grade Ravens Team/8th Grade Turtle Team

Turn in this Private School Application Process Form & the "Consent for Release of Education Records" Form to the Student Services Department.

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 <small>Date Sent from Student Services</small>
	1.						
	2.						
	3.						
	4.						
	5.						