



School Preference Request Form for the 2023-2024 School Year

APPLICATION FOR SCHOOL REQUEST

210 Ferdinand Street Fredericksburg, VA 22401 Telephone: (540) 372-1130

Parent/Guardian is responsible for submitting this application to the principal of the requested school on or before July 15 to be considered for the start of the school year. Parents/Guardians are expected to provide transportation to and from an FCPS school site. One form should be completed per child. **Applications may not be considered until the end of July based on capacity concerns.**

Parent/Guardian Name _____

Last

First

MI

Home Address _____

Street

City

State

Zip

Primary Phone _____ Secondary Phone _____

Email _____

Name of Student _____ Age: _____ Sex: _____ Grade: _____

Last

First

MI

School Requested _____ Name of school student is eligible to attend _____

Does the student have siblings? Y N If yes, give name(s) and grade(s) _____

Reason for the request _____

Condition of Enrollment

All students are expected to comply with the Fredericksburg City Public School's Code of Conduct. An infraction of the rules found in the Code of Conduct, conviction of a crime or filing of a felony charge against a student for an incident which occurred on or off school campus, may warrant an immediate withdrawal of enrollment. The decision is made in the sole discretion of the Superintendent and without the availability of any appeal. It is acknowledged that enrollment is a privilege which may be revoked at any time in the discretion of the Superintendent. **Application must be made for each school year.**

Acceptance of application will be determined based on space available and other factors. Any instructional course fees charged to students by the school and/or any activity participation fees are in addition to tuition charges.

I agree that the student is subject to all policies and regulations of the school division, including Policy JFC Student Conduct and the Standards of Student Conduct.

*****TUITION IS STILL DUE IN THE EVENT OF EMERGENCY CLOSURES (UNLESS A REQUEST FOR WAIVER DUE TO HARDSHIP HAS BEEN RECEIVED AND APPROVED) *****

Signature of Parent Guardian _____

Date _____

For Administrative Use Only

School _____ Current School/ Grade Level Enrollment _____ Alternate School/Grade Enrollment _____

_____ Recommend _____ Not Recommend: due to availability of space____, capacity ____ , program availability____, other _____

Signature of Principal _____

Date _____

Superintendent

_____ Approved _____ Not Approved Superintendent/Designee _____ Date _____