

RACHEL CARSON 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) _____

Team Assignment _____

Student ID# _____

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 Request for Recommendation Form" & any required emails directly to your student's counselor
 - Ms. Karla Chustz
 - Ms. Rachel Copeland
 - Ms. Nina Ghafori
 - Ms. Christy Ryder
 - Ms. Elizabeth Schires

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

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 (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)	Transcript Request Fee	For Student Services Use Only <small>Date Sent from Student Services</small>
	1.						FREE	
	2.						FREE	
	3.						FREE	
	4.						FREE	