

II. VERIFICATION OF CHILD CARE BY BASE SCHOOL

CHILD CARE VERIFICATION HAS BEEN COMPLETED AND IS DOCUMENTED.

1. Name, address, and phone number of child care provider:

2. Before school _____ After school _____ Daily _____

SIGNATURE OF STAFF MEMBER VERIFYING CHILD CARE

III. RECOMMENDATIONS

A. BASE SCHOOL PRINCIPAL'S RECOMMENDATION AND REASON(S)
(school serving student's legal residence)

- Approval
- Adjustment (emotional, medical)*
 - Child Care
 - Curriculum
 - FCPS Employee
 - Moving
 - 6th, 8th, or 12th Grade
 - Other _____
- * Documentation Required

- Denial
Reason _____

SIGNATURE OF PRINCIPAL

DATE

SCHOOL

B. PRINCIPAL OF ASSIGNED GT CENTER RECOMMENDATION AND REASON(S) (only for students found eligible for GT center placement)

- Approval
- Adjustment (emotional, medical)*
 - Child Care
 - Curriculum
 - FCPS Employee
 - Moving
 - 6th, 8th, or 12th Grade
 - Other _____
- * Documentation Required

- Denial
Reason _____

SIGNATURE OF PRINCIPAL

DATE

SCHOOL

C. REQUESTED SCHOOL PRINCIPAL'S RECOMMENDATION AND REASON(S)

- Approval
- Adjustment (emotional, medical)*
 - Child Care
 - Curriculum
 - FCPS Employee
 - Moving
 - 6th, 8th, or 12th Grade
 - Other _____
- * Documentation Required

- Denial
Reason _____

SIGNATURE OF PRINCIPAL

DATE

D. STUDENT SERVICES REVIEW

SIGNATURE OF DIRECTOR OF SOCIAL WORK AND SUPPORT SERVICES

DATE