

Full-Time Advanced Academic Programs Transfer/Reactivation Form

Student Last Name _____ Student First Name _____

Current Grade _____ Student ID Number _____

Student Address _____ New address?

City _____ Zip Code _____

Parent(s)/Guardian(s) _____

Home Phone Number _____ Work Phone Number _____

E-mail address _____

Current School _____ Base School _____

For staffing purposes, this form must be submitted by May 15 for placement for the coming academic school year. Once you have made a commitment, you may not change placement for one academic year.

New School _____ Date effective by _____

Please include copy of eligibility letter and return form to:

Advanced Academic Programs
 8270 Willow Oaks Corporate Drive
 Fairfax, VA 22031
 (571) 423-4740

FAX: (703) 279-5208 E-mail: AAP@fcps.edu

For Office Use Only

Date received.....
Confirm Eligibility:
Date notified school(s):
Date notified transportation:
Processed by: