



Kilmer Middle School

Private School or Program Application Information Form

Student Name: _____ Student ID#: _____ Counselor: _____

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

CHECKLIST:

- Complete this form **AND** "[Consent for Release of Education Records](#)" Form and send it to KMSStudentRegistration@fcps.edu
- If teacher or counselor letter of recommendation is required after requesting the recommendation in person, email the: "Request for a letter of recommendation" directly to the teacher or counselor.

Transcript Fee: The first requested copy of the transcript is free; each additional transcript request is \$5 per transcript. Payment is accepted through **MySchoolBucks** only. Kilmer Middle School will not email transcripts until payment has been received.
 Example: If your students are applying to 3 schools, the 1st request would be free & you would pay a total of \$10 for the 2nd and 3rd transcripts.

School or Program (School Name and Email Address OR Portal)	Application Due date	Transcript Requested <i>(Yes or No)</i>	Standardized Test Score Requested <i>(Yes or No)</i>	504 Plan or IEP <i>(Yes or No)</i>	Name of Teacher(s) Providing Recommendation <i>(Separate from required)</i>	Transcript Request Fee	For Internal Use Only Date Received/Date Sent
1.						Free	/
2.						\$5.00	/
3.						\$5.00	/
4.						\$5.00	/
5.						\$5.00	/

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