

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 t	he application deadline	1
	riedse submit this form & requests for recommendations at leas <u>. 2 weeks</u> before th		1
Complete tl	nis form AND " <u>Consent for Release of Education Records</u> " Form and send it to <u>KMS</u>	StudentRegistration@fcp	<u>.s.edu</u>

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 (Yes or No)	Standardized Test Scored Requested (Yes or No)	504 Plan or IEP (Yes or No)	Name of Teacher(s) Providing Recommendation	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