Longfellow Middle School
Private School or Program Application Information Form

Student Last Name		**Student First Name**	
Student FCPS ID		**Student Counselor**	
Parent Name		**Parent Signature**	
Staff receiving form (Internal Use Only)		**Date received (Internal Use Only)**	

Complete these steps:

1. Complete this form and email it to dlpaz@fcps.edu
2. Complete **FCPS Consent for Release of Educational Records** OR release form from private school(s) and email it to dlpaz@fcps.edu
3. **Email LMS staff member(s)** and ask them if they will write a recommendation for you.
4. Complete **LMS Student Information Form** and email it to the staff member(s**)** that you would like to receive a recommendation from. This form is extremely important so that the staff member can provide the most thorough recommendation as possible.

School or program name and mailing address	Application deadline	Does this application require records from 6th grade?	Does this program require standardized test scores?	Does this application require a copy of your 504 or IEP (if applicable)?	LMS staff member that you requested recommendation from	Internal Office Use Only (date completed)