

Advanced Academic Programs Full-Time Services Transfer/Reactivation Form

Student Full Name _____

Student ID _____ Current Grade _____

Parent(s)/Guardian(s) _____

Student Address _____

City _____ Zip Code _____ New Address? _____

Home Phone Number _____ Cell 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 the commitment, you may not change placement for one academic year.

New School _____ Date effective by _____

Parent/Guardian Signature _____ Date _____

Please return form to:

FCPS, 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 _____