

Application for the Recovery and Academic Program (RAP)

Office of Student and Family Support and Engagement
 MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
 Carver Educational Services Center (CESC)

850 Hungerford Drive, Room 50, Rockville, Maryland 20850

MCPS Form 335-75
 August 2018



Note: This form is to be used to apply for enrollment in RAP, jointly operated by MCPS and Family Services, Inc. Return the completed application to the school counselor, pupil personnel worker, or principal/designee.

I. REFERRAL SOURCE

- Self
 Parent/Guardian
 School
 Other _____
- Treatment Program
 Department of Juvenile Services
 Screening and Assessment Services for Children and Adolescents

II. TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE TYPE OR PRINT.

Student Name: _____ MCPS ID # _____

Preferred Name: _____ Date of Birth ____/____/____

MCPS Home School: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____ E-mail: _____

Parent/Guardian Telephone Number: Home ____-____-____ Work ____-____-____ Cell ____-____-____

Relationship: Mother Father Guardian Other (specify) _____

Signature of Student (if minor): _____ Date: ____/____/____

Signature of Parent/Guardian/Eligible Student: _____ Date: ____/____/____

Note: if the student is an eligible student, the signature of the parent/guardian is not required
 Parent/guardian/eligible student authorizes release of information below to Family Services, Inc. for purposes of RAP selection process.

III. TO BE COMPLETED BY COUNSELOR/PRINCIPAL/DESIGNEE. PLEASE TYPE OR PRINT.

Student has: Individualized Education Program (IEP) Section 504 Plan

Current classes (Please attach transcript):

Credits earned towards graduation (number in parentheses is number of credits or hours required):

___ English (4)	___ Fine Arts (1)
___ Mathematics (4)	___ Health Education (0.5)
___ Science (3)	___ Technology Education (1)
___ Social Studies (3)	___ Electives (4.5)
___ Student Service Learning (75 hours)	

Counselor's Signature: _____ Date: ____/____/____

Pupil Personnel Worker's Signature: _____ Date: ____/____/____

Administrator's Signature: _____ Date: ____/____/____

DISTRIBUTION: COPY 1: Student, parent, guardian; COPY 2: Home school; COPY 3: Pupil personnel worker;
 COPY 4: Office of Student and Family Support and Engagement, CESC, Room 50 (SEND VIA PONY; DO NOT FAX);
 COPY 5: The Landing, 640 East Diamond Ave, Ste B, Gaithersburg, MD 20877;
 COPY 6: Referral source (if different from student, parent, guardian, or home school).