

**MONTGOMERY COUNTY PUBLIC SCHOOLS**

**Request for Approval for Part-Time Secondary Schedule**

Office of Student and Family Support and Engagement  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

See [MCPS Regulation IHC-RA, Part-time Daily Attendance for Secondary Students](#)

**PART I**—To be completed by the student and parent/guardian and submitted to the counseling office when a program requiring less than full-time daily attendance is requested and will provide an effective educational experience for the student.

Student's Name \_\_\_\_\_ MCPS ID# \_\_\_\_\_ Grade \_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_

Reason for request \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned, understand that if part-time secondary schedule is approved, the student will be permitted to only attend and participate in the courses listed below, and will only receive credit or grades for the courses listed. We understand this may impact scheduled completion of graduation requirements.

Signature, Student/Eligible Student \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature, Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II**—To be completed by the student's school counselor and submitted to the principal.

Does the student have an IEP or a Section 504 Plan?  Yes\*  No

*\*If yes, contact the cluster supervisor (for students with an IEP). For students with a Section 504 Plan, contact the school Section 504 coordinator or the Section 504 case manager. The cluster supervisor or Section 504 coordinator/case manager will consult with the Resolution and Compliance Unit (RACU) and all completed copies of this form for students with disabilities must be forwarded to the supervisor of RACU. Transportation arrangements for students with disabilities will be reviewed by RACU.*

Recommend approval  Recommend disapproval

Enter Subjects for Each Period Scheduled							
1	2	3	4	5	6	7	8

Reason for recommendation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature, School Counselor \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART III**—To be completed by principal/designee and returned to the student and parent/guardian

The request for authorization to attend school on a part-time daily schedule is:

Approved\*  Disapproved for the following reason \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature, Principal/Designee \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\* If approved, the student must be registered as a full-time resident student.