

CONFIDENTIAL
Foster Care Summer School Fee Waiver

Summer School Office
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland

INSTRUCTIONS

Please complete and send to the fiscal specialist in the Department of Financial School Support via email at DFSS@mcpsmd.org.

STUDENT INFORMATION

Name of Student _____
Student ID Number _____
Current School _____
Summer Courses _____

SOCIAL WORKER INFORMATION

Name of Social Worker _____
Email Address _____
Name of Agency _____
Address _____

Telephone Number ____ - ____ - ____

FORM SUBMITTED BY

Staff Member's Name (please print) _____ Title _____
Staff Member's Contact Number ____ - ____ - ____