



# Relocatable Classroom Request

**Division of Capital Planning**  
MONTGOMERY COUNTY PUBLIC SCHOOLS  
45 West Gude Drive, Suite 4100, Rockville, Maryland 20850

**MCPS Form 281-5**  
**April 2019**

School Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain why you are requesting relocatable classrooms for the next school year.

If you are requesting additional relocatable classrooms, what activity do you plan to put in the relocatable classroom(s)?

How will you accommodate this need if you do not receive the relocatable classrooms requested?

Number of relocatable classrooms being requested:	_____	+ _____	- _____	= _____
	# Presently on-site	# To be added	# To be removed if any	Total relocatables

**DUE:** Please return fully completed form to the Division of Capital Planning, 45 West Gude Drive, Suite 4100, Rockville, Maryland 20850.