

REQUEST FOR AN IN DISTRICT TRANSFER - RSU 18

Student's Name Date of Birth Home Town Residence

Parent/Guardian Address Telephone

School you wish the student to attend (2018-19) Grade (2018-19)

Complete all sections below:

A. Residence Information: _____ Email Address: _____

Name of head of household: _____

Relationship: Parent/Guardian Relative Other

Address: _____ Phone# _____

B. Educational Needs:

Does your child require any special educational or other educational accommodations? Yes No

If yes, explain. _____

C. Reason for Transfer of the Student:

Your signature below acknowledges you understand that if this placement is approved by the superintendent, it will be for one year at a time. Application for renewal must be made annually. It is the parent/guardian's responsibility to seek enrollment of the student unless the student is 18 years of age or older.

Student Signature (if 18 years of age or older)

Parent/Guardian Signature

**Return to: Superintendent
41 Heath St.
Oakland, ME 04963**

Superintendent Signature RSU 18 Approval