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 **(2019-20)** _____ Grade **(2019-20)** _____

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 _____