



Regional School Unit No. 18

41 Heath Street Oakland, ME 04963 • Telephone: 207-465-7384 • Fax: 207-465-9130

Carl Gartley
Superintendent of Schools

Keith Morin
Chief Academic Officer

Gary Smith
Chief Operations Officer

SUPERINTENDENT AGREEMENT TO TRANSFER A STUDENT

Pursuant to Title 20-A, Chapter 213, Section 5205.6, please be advised that the following school superintendents agree to the transfer of:

_____	_____	New S/A
Student's Name	Grade	Previous Year S/A

To the town/district of _____ for the **2019-20** school year.

This agreement is contingent upon the following conditions:

1. No additional expenses will be covered by RSU 18.
2. Transportation will be the responsibility of the parent(s)/guardian(s).
3. The student must attend school every day unless properly excused.
4. The student must complete all assigned work in a timely fashion.
5. The student's behavior at the receiving school must be acceptable.
6. This agreement is signed in agreement by both superintendents.
7. If any of the above conditions are **not met** to the satisfaction of the principal and/or Superintendent, this agreement will be **rescinded** and your child will be transferred to the school of their home district.

This agreement will expire at the end of the 2019-20 school year and may be revoked if academic, attendance, or discipline problems arise.

_____	_____
Dated	Signature of Sending District Superintendent
	Carl Gartley
	Print or type name of sending District Superintendent.

_____	_____
Dated	Signature of Receiving District Superintendent
	Print or type name of receiving District Superintendent.

This application is: approved _____ denied _____.

Please sign and return: _____
Parent/Guardian Name (Please Print)/Parent/Guardian Signature

Address

Phone Number / _____
Email Address

*"Proudly serving the children in the Belgrade and China Lakes Regions."
Belgrade - China - Oakland - Rome - Sidney*

REQUEST FOR A SUPERINTENDENTS' AGREEMENT

_____ Student's Name	_____ Date of Birth	_____ Town of Home Residence
_____ Parent/Guardian	_____ Address	_____ Telephone
_____ School District you wish the Student to Attend	_____ School	_____ Grade (2019-20)

Complete all sections below:

A. Residence Information:

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 superintendents of both Districts (resident and attending), 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