



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

REQUEST FOR AN IN-DISTRICT TRANSFER

Student's Name: _____ Date of Birth: _____ Grade (2020-21): _____

Parent/Guardian Name (Please Print): _____

Address: _____

Telephone: _____ Email: _____

School you wish the student to attend (2020-21): _____

Complete all sections below:

A. Educational Needs:

Does the student require any special educational or other educational accommodations? Yes No

If yes, explain. _____

B. 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.

Parent/Guardian Signature: _____

Student Signature (if 18 years of age or older): _____

Superintendent Signature: _____ Date: _____

This application is: Approved _____ Denied _____