



# Regional School Unit No. 18

Phone: 207.465.7384

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41 Heath St. Oakland, ME 04963

Carl Gartley  
Superintendent

Keith Morin  
Asst. Superintendent

Melannie Keister  
Director of Business / Finance

## REQUEST FOR AN IN-DISTRICT TRANSFER

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade **(2022-23)**: \_\_\_\_\_

Parent/Guardian Name **(Please Print)**: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

School you wish the student to attend **(2022-23)**: \_\_\_\_\_

### Complete all sections below:

#### A. Educational Needs:

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

If yes, explain. \_\_\_\_\_

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#### B. Reason for Transfer of the Student:

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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 \_\_\_\_\_