



Regional School Unit No. 18

41 Heath Street Oakland, ME 04963

V: 207 – 465 – 7384

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Carl Gartley
Superintendent

Keith Morin
Asst. Superintendent

REQUEST FOR AN IN-DISTRICT TRANSFER

Student's Name: _____ Date of Birth: _____ Grade (2023-24): _____

Parent/Guardian Name (Please Print): _____

Address: _____

Telephone: _____ Email: _____

School you wish the student to attend (2023-24): _____

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 _____