



# Regional School Unit No. 18

41 Heath Street Oakland, ME 04963

V: 207 – 465 – 7384

F: 207 – 465 – 9130

Carl Gartley  
Superintendent

Keith Morin  
Asst. Superintendent

## REQUEST FOR AN IN-DISTRICT TRANSFER

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade (2024-25): \_\_\_\_\_

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

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

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

School you wish the student to attend (2024-25): \_\_\_\_\_

### 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 \_\_\_\_\_