



# Regional School Unit No. 18

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

Gary N. Smith  
Superintendent of Schools

Carl Gartley  
Chief Academic Officer

Bobbi Avery  
Chief Operations Officer

## 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:

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

To the town/district of \_\_\_\_\_ for the **2016-17** 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above conditions are **not met** to the satisfaction of the principal and/or Superintendent, this agreement will be **rescinded** and your child will be transferred to the school of their home district.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 2016-17 school year and may be revoked if academic, attendance, or discipline problems arise.**

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Sending District Superintendent

Gary N. Smith  
\_\_\_\_\_  
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

**REQUEST FOR A SUPERINTENDENTS' AGREEMENT**

_____	_____	_____
Student's Name	Date of Birth	District of Home Residence
_____	_____	_____
Parent/Guardian	Address	Telephone No.
_____	_____	_____
School District you wish the Student to Attend		Grade (2016-17)

**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