REQUEST FOR SUPERINTENDENT'S AGREEMENT

School Year: 2020-2021

Student's Name		Date of Birth and Current Age	e Grade in 2019-2020 School Year
District of Home Residence			Requested District of Attendance
Parent/Guardian Name		Physical Address	
Teleph	one Number	Mailing Address	
Comp	lete all sections below:		
A.	Residence Information:		
	Name of head of household:		
	Relationship: Parent/Guardian	Relative:	Other:
	Address:		Phone:
B.	Educational Needs:		
	Does your child have any special educational needs? Yes No I If yes, explain.		
C.	Reason for Transfer of the Student:		
be for <u>a</u> enrollm condition 1.	none year at a time. Application for renuent of the student unless the student is 1 ons: No additional expenses will be covered	ewal must be made annually. If 8 years of age or older. This aground d by the sending district. by of the parent(s)/guardians(s) in day unless properly excused. d work in a timely fashion. g school must be acceptable.	proved by the Superintendent of Schools, it will t is the parent/guardian's responsibility to seek eement is contingent upon the following accordance with MRSA, Title 20-A, §5204(1).
Studen	t Signature (if 18 years of age or older	r) Parent/Gua	urdian Signature
APPR	OVED: DENIED: D		
Signature of Resident District Superintendent		t Dat	te
APPR	OVED: DENIED: D		
Signature of Receiving District Superintenden		nt Dat	te

Note: Continued enrollment of non-resident students will be contingent on the student demonstrating the highest level of scholarship and deportment.