REQUEST FOR SUPERINTENDENT'S AGREEMENT

School Year: 2019-2020

| Student's Name District of Home Residence Parent/Guardian Name | | Date of Birth and Current Age | Grade in 2019-2020 School Year Requested District of Attendance |
|--|--|---|--|
| | | | |
| | | Telep | hone Number |
| Com | plete all sections below: | | |
| A. | Residence Information: | | |
| | Name of head of household: | | |
| | Relationship: | Relative: | Other: |
| | Address: | | Phone: |
| B. | Educational Needs: | | |
| | Does your child have any special edu If yes, explain | ucational needs? Yes 🗌 No 🗌 | |
| C. | Reason for Transfer of the Student: | | |
| Your | signature below acknowledges you under <u>one year at a time</u> . Application for ren | | |
| Your be for enroll condi | one year at a time. Application for rem ment of the student unless the student is tions: No additional expenses will be covere Transportation will be the responsibili The student must attend school every The student must complete all assigne The student's behavior at the receiving | newal must be made annually . It is the 18 years of age or older. This agreement d by the sending district. ty of the parent(s)/guardians(s) in accorday unless properly excused. d work in a timely fashion. g school must be acceptable. | e parent/guardian's responsibility to seek |
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