

Parent/ Guardian Signature:

## Western Foothills Regional School Unit No. 10

Hancock Street, Suite 1, Rumford ME 04276 Central Office 207-369-5560 Fax 207-562-7059

Leah Kaulback

Date:

Business Manager

Superintendent of Schools

Assistant Superintendent

Deb Alden

Matthew Gilbert

Buckfield, Hanover, Hartford, Mexico, Roxbury, Rumford, Sumner

## APPLICATION FOR SUPERINTENDENT'S AGREEMENT

Pursuant to Title 20-A, Section 5205(6), please be advised of the decision of the following superintendents pertaining to the transfer request for:

Please complete and return to:		
	Hancock Street, Suite 1, Rumford	ME 04276
Resident Information:		
Parent Name(s)		
Physical Address		
Mailing Address(if different from above)		
Contact/Phone Number(s)		
Student Name	Grade Level	school currently attending
Principal of current school	Guidance Counselor of current school	
REQUESTS PERMISSION TO	<b>)</b> :	
□ ENTER RSU #10	□ TRANSFER FROM RSU #1	10
School and District wanting to attend		School Year
•	•	letter to support your request and explain red SAU. Include copies of any supporting
-	-	with the Maine Department of Education or
the State Board of Education, sno	uld the request be denied and subsequ	ientiy appeaied.
Reason (please explain in detai	l the reasons why you want to atter	nd this school)

## **School Department Use**

□ Approved for school year:	Superintendent's Signature
□ Disapproved for the following reason:	

\*Please be advised that this agreement is subject to approval by both superintendents, and that transportation is the responsibility of the parent(s)/guardian(s).

\*\*This agreement will expire at the end of the current school year on June 30.

This institution is an equal opportunity provider and employer.