



**AOS 98 / ROCKY CHANNELS SCHOOL SYSTEM**  
**OFFICE OF THE SUPERINTENDENT**  
51 EMERY LANE  
BOOTHBAY HARBOR, ME 04538  
207-633-2874

**APPLICATION/AGREEMENT TO TRANSFER STUDENT(S) BY SUPERINTENDENTS' AGREEMENT**  
**School Year 2023-2024**

**This form serves as a Request to Transfer application AND Agreement between Two Superintendents**

*Pursuant to Title 20-A, MRSA chapter 213, subsection 5205 (6) (A), and titled Transfer Students: two superintendents may approve the transfer of a student from one administrative unit to another if they find that a transfer is in the student's best interest and the student's parents approve. A student transferred under this subsection is considered a resident of the school administrative unit to which transferred. A school administrative unit may not charge tuition for a transfer approved under this subsection.*

**Approved agreements are valid only for the school year indicated and will be reviewed annually.**

**The agreement may be terminated at the discretion of the superintendents should the students fail to meet these terms:**

- No additional expenses will be covered by the sending school unit.
- Continued enrollment contingent on student demonstrating highest level of scholarship and deportment, including attendance, work and behavior.
- Transportation to the school that the student is transferring is the responsibility of the parent, guardian or student.

**STUDENT:** \_\_\_\_\_ **GRADE for school year 23-24:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_ **GRADE for school year 23-24:** \_\_\_\_\_

**STUDENT:** \_\_\_\_\_ **GRADE for school year 23-24:** \_\_\_\_\_

**STUDENT'S CURRENT ADDRESS:** \_\_\_\_\_

**NAME OF PARENTS/GUARDIANS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**NAME OF PARENTS/GUARDIANS:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Request transfer to:** \_\_\_\_\_ **School District.**

**Reason for transfer:** \_\_\_\_\_

Additional space on the back

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

For office use:

**This application/agreement is:** ☐ Approved ☐ Denied for the 2023-2024 School Year

\_\_\_\_\_  
**Superintendent AOS 98 (SENDING)** **Date:** \_\_\_\_\_

**This application/agreement is:** ☐ Approved ☐ Denied for the 2023-2024 School Year

\_\_\_\_\_  
**Signature of Superintendent (RECEIVING)** **Date:** \_\_\_\_\_ **District:** \_\_\_\_\_

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[www.aos98schools.org](http://www.aos98schools.org)

**Reason for transfer request:**

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