

**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 2018-2019**

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

Pursuant to Title 20-A, MRS 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 year requesting the transfer:** _____

STUDENT: _____ **GRADE for year requesting the transfer:** _____

STUDENT: _____ **GRADE for year requesting the transfer:** _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____

NAME OF PARENTS/GUARDIANS: _____

ADDRESS: _____

STUDENT'S CURRENT ADDRESS:

Request transfer to: _____ **School District.**

Parent/Guardian Signature

Phone #

Date

For office use:

This application/agreement is: **Approved** **Denied for the 2018-2019 School Year**

Date: _____

Dr. Keith Laser, Ed.D. Superintendent AOS 98 (SENDING)

This application/agreement is: **Approved** **Denied for the 2018-2019 School Year**

Date: _____ District: _____

Signature of Superintendent (RECEIVING)

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Reason for transfer request:

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