



**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 2019-2020**

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 19-20: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE for school year 19-20: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE for school year 19-20: \_\_\_\_\_

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

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

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

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

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 2019-2020 School Year

\_\_\_\_\_  
Date: \_\_\_\_\_

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

This application/agreement is:  Approved  Denied for the 2019-2020 School Year

\_\_\_\_\_  
Date: \_\_\_\_\_ District: \_\_\_\_\_

**Signature of Superintendent (RECEIVING)**

