



SHEEPSCOT VALLEY REGIONAL SCHOOL UNIT #12
665 PATRICKTOWN ROAD, SUITE 2,
SOMERVILLE, MAINE 04348

Tel: 207-549-3261 / Fax: 207-549-3082 / www.svrsu.org

Howard Tuttle, Superintendent of Schools
Deborah Taylor, Director of Curriculum and Technology
Delia Dearnley, Director of Special Services

Larry Dancer, Director of Operations
Belinda Waterhouse, Business Manager

Request for a Superintendent Transfer Agreement

Request Date _____

Pursuant to Title 20-A, Section 5205(6), I request a Superintendent Transfer agreement for:

_____, _____ for _____
Student's Full Name Grade School Year
from _____ to _____
Resident (Sending) District Transfer (Receiving) District

Name of Parent(s)/Guardian(s) (Print) Parent(s)/Guardian(s) Signature

Address

Phone Number Email

Parents: Please provide a description below, and/or if possible attach a letter to support your request and explain why it is in the best interest of your child to attend school in the requested SAU. Include copies of any supporting documentation.

Note: You should not submit anything that you would not want to be shared with the Maine Department of Education or the State Board of Education, should the request be denied and subsequently appealed.

***Please be advised that a Superintendent's 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 requested school year and there is no guarantee that future transfer requests will be approved.**