## REGIONAL SCHOOL UNIT No. 67 REQUEST FOR A SUPERINTENDENT'S AGREEMENT 25 Reed Drive, Lincoln, ME 04457 207-794-6500 FAX 207-794-2600

Student's Name	Date of Birth		District of Home Residence
Parent/Guardian	Address		Telephone
School (District) you wish the s	student to attend	Grad	e student to enter
☐ Initial request	☐ Renew	al request	
COMPLETE ALL SECTION A. Residence Information: Name of Head of Househole			r C incomplete will not be considered)
Relationship:	/Guardian	Relative	□Other
Address			
B. Educational Needs: Does your child have any sp  C. Reason for Transfer of the		s? □Yes	☐ No If yes, please explain:
Superintendent of Schools,	it will be for one year and it will be for one year and it is the parent/s 18 years of age or old	nt a time. App guardian's res er.	this placement is approved by the lication for renewal must be initiated ponsibility to seek enrollment of the Guardian's Signature
			<b>C</b>
ALLKO AED.	DENIED:	School	year approved:
APPROVED:		School	year approved:
Signature of Resident Distri		School	year approved: Date
Signature of Resident Distri	ict Superintendent		

Continued enrollment of non-resident students will be contingent on the student demonstrating the highest level of

Revised: 4/12/2016

NOTE:

scholarship and deportment