

REGIONAL SCHOOL UNIT 19
2020 – 2021 REQUEST FOR A SUPERINTENDENT’S AGREEMENT

Student Name	Date of Birth	Grade	
Parent/Guardian Name	Physical Address	Town	Zip
Email Address	Mailing Address	Town	Zip
School (Unit) You Wish the Student to Attend		Phone Number	

Complete All Sections Below:

A. **Educational Needs:** Does your child have any special educational needs? No Yes
 If yes, please explain:

B. 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 shared with the Maine Department of Education or the State Board of Education, should the request be denied and subsequently appealed.*

Your signature below acknowledges you understand that if this placement is approved by the Superintendent of Schools, it will be for one year at a time. **Application for renewal must be made annually.** It is the parent/guardian’s responsibility to seek enrollment of the student, unless the student is 18 years of age or older.

Parent/Guardian Signature or Student (if 18 years of age or older)	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Signature of Resident Superintendent
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	_____ Signature of Receiving Superintendent
	_____ Date

NOTE: Continued enrollment of non-resident students will be contingent on the student demonstrating the highest level of scholarship and department.

RSU 19 Form (04/18)