

Regional School Unit No. 22
24 Main Road North
Hampden, ME 04444
Request for a Superintendent's Agreement (school year _____)

Student(s) Name(s):

Date of Birth:

District of Home Residence:

Grade:

Parent/Guardian:

Address/Phone/Email:

School District you wish student to attend:

Complete all sections below:

Your signature below acknowledges your understanding 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.

A. Residence Information:

Name of household head:

Relationship:

Address:

B. Educational Needs:

Does your child(ren) have any special education needs? ____ Yes ____ No If yes, please explain.

Reason for requesting transfer of student(s):

Student Signature (if 18 years of age or older)

Parent/Guardian Signature

____APPROVED

____DENIED

Signature of Resident District Superintendent

Date

____APPROVED

____DENIED

Signature of Receiving District Superintendent

Date