



**APPLICATION/AGREEMENT TO TRANSFER STUDENT(S) BY SUPERINTENDENTS' AGREEMENT**  
**School Year 2024-2025**

**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 24/25: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE for school year 24/25: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE for school year 24/25: \_\_\_\_\_

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

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

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

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

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

Email 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 2024-2025 School Year

\_\_\_\_\_  
 Superintendent AOS 98 (SENDING) Date: \_\_\_\_\_

This application/agreement is:  Approved  Denied for the 2024-2025 School Year

\_\_\_\_\_  
 Signature of Superintendent (RECEIVING) Date: \_\_\_\_\_ District: \_\_\_\_\_

**AOS 98 / ROCKY CHANNELS SCHOOL SYSTEM**  
**OFFICE OF THE SUPERINTENDENT**  
51 EMERY LANE  
BOOTHBAY HARBOR, ME 04538  
207-633-2874  
[www.aos98schools.org](http://www.aos98schools.org)

**Reason for transfer request:**

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