



**Richmond School Department**  
Chad Kempton, Superintendent of Schools  
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Please return the completed original or scan completed document to [kterry@richmondpk12.org](mailto:kterry@richmondpk12.org)

### **Request for a Superintendent Transfer Agreement**

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

Student's Full Name		Date of Birth	District of Home Residence
Parent/Guardian Name		Address	
Town	Zip Code	School Year	Grade
School District you wish the student to attend		Name of the School you wish the student to attend	

**Please complete the information below:**

**A. Residence Information**

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Educational Needs**

Does your child have any special educational needs? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. 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.*

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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. Your signature below acknowledges you understand that if this placement is approved by the Superintendent of Schools, it will be for one year only. Application for renewal must be made annually. Applications for renewal must be made before the beginning of each school year, preferably in the spring prior to the upcoming school year.

\_\_\_\_\_  
Student Signature (if 18 years of age or older)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Signature of **Resident** District Superintendent

☐ Approved    ☐ Denied

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of **Receiving** District Superintendent

☐ Approved    ☐ Denied

\_\_\_\_\_  
Date

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

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Richmond, Maine 04357

*Form updated 2025*