## **Regional School Unit #2**

Dresden – Farmingdale – Hallowell – Monmouth Richard Amero, Jr., Superintendent of Schools 7 Reed St., Hallowell, Maine 04347 Telephone (207) 622-6351 Fax (207) 622-7866 ramero@kidsrsu.org Office e-mail: mblake@kidsrsu.org

Please return the competed, signed, and scanned document to <a href="mailto:mblake@kidsrsu.org">mblake@kidsrsu.org</a>. Thank you.

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

Student's Full Name Parent/Guardian		Grade	Sch. Year	District of Home Residence	
		Address		Town	
Schoo	ol District you wish the student to attend	Ī	Name of the School you	wish the student to attend.	
Pleas	e complete the information below:				
<b>A.</b>	Residence Information				
	Parent/Guardian:			Relationship:	
	Physical Address:				
	Mailing Address (if different):				
	Email address:	ress: Phone:			
В.	Educational Needs				
	Does your child have any special educational needs? yes no If yes, please explain:				
	explain why it is in the best intercopies of any supporting docum	rest of your entation.  ou would not	child to attend scho	letter to support your request and ool in the requested SAU. Include e Maine Department of Education or the aled.	
responding approximately Your statement of the statement	nsibility of the parent(s)/guardian(s).  In the greenent will expire at the end of the required.	uested school stand that if th	year and there is no guis placement is approvenually. Applications		
Stude	nt Signature (if 18 years of age or older)		Parent/Guardian Signature		