

REQUEST FOR SUPERINTENDENT'S AGREEMENT

School Year: 2025-2026

Student's Name *Date of Birth and Current Age* MSAD #59
District of Home Residence

Student's Grade in 2024-2025 school year *Requested District of Attendance*

Parent/Guardian Name *Physical Address*

Telephone Number *Mailing Address*

Complete all sections below: **Email:** _____

A. Residence Information:
Name of head of household: _____
Relationship: ☐ Parent/Guardian ☐ Relative: _____ ☐ Other: _____
Address: _____ Phone: _____

B. Educational Needs:
Does your child have any special educational needs? Yes ☐ No ☐
If yes, explain. _____

C. Reason for Transfer of the Student:

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. This agreement is contingent upon the following conditions:

1. No additional expenses will be covered by the sending district.
2. Transportation will be the responsibility of the parent(s)/guardians(s) in accordance with MRSA, Title 20-A, §5204(1).
3. The student must attend school every day unless properly excused.
4. The student must complete all assigned work in a timely fashion.
5. The student's behavior at the receiving school must be acceptable.
6. This agreement is signed in agreement by both superintendents.

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*

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