

REGIONAL SCHOOL UNIT #20

**Belfast · Belmont · Frankfort · Morrill · Northport
Searsmont · Searsport · Stockton Springs · Swanville**

INTRA-REGION STUDENT TRANSFER REQUEST

If you desire a transfer to another school within the Region, please complete the information below and submit it to the Principal of the school that your child presently attends or the Principal of the school to which your child is assigned based on your residence.

I request that my son/daughter, _____, be considered for an intra-region transfer that will allow him/her to attend the _____ School for the _____ school year.

Child's Name: _____ Age: _____

Child's Mailing Address: _____

Child's Town of Residence: _____

Parent/Guardian Name: _____

Telephone Number: _____ Grade for child this year: _____

Please state below the reason for this transfer, indicating why it would be in the best interest of the child.

Approved

Denied

Signature of Parent/Guardian

Date

Signature of Sending Principal

Date

Signature of Receiving Principal

Date

Signature of Superintendent of Schools

Date