

REGIONAL SCHOOL UNIT #20

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

Office of the Superintendent
PO Box 363
Belfast, ME 04915

Telephone: 207/338-1960

Fax: 207/338-4597

All requests for Superintendent's Agreements must first be approved by the resident Superintendent.

<u>Request for a Superintendent's Agreement</u>		
Student's Name	Date of Birth	District of Home Residence
Parent/Guardian	Address	Telephone
School (District) you wish the student to attend.		Grade
COMPLETE ALL SECTIONS BELOW		
Residence Information		
Name of Head of Household	Relationship	
Address	{ Parent/Guardian	
Phone	{ Relative	
{ Other		
Educational Needs		
Does your child have any special education needs? { Yes { No	If yes, please explain.	
Reason for Transfer of 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.		
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 Superintendent	Date	

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