

# Mt. Blue Regional School District - RSU 9



## Community | Culture | Curriculum

*"Working together to provide high-quality educational opportunities for all."*

227 Main Street | Farmington, Maine 04938

Telephone: (207) 778-6571 | Fax: (207) 778-4160

Chesterville | Farmington | Industry | New Sharon | New Vineyard | Starks | Temple | Vienna | Weld | Wilton

## REQUEST FOR AN **IN-DISTRICT ELEMENTARY TRANSFER**

Request Date: \_\_\_\_\_

Renewal ☐

New ☐

*I request an In-District Transfer for:*

Student's Full Name:		School Year:	2024-2025
Resident Town:		Date of Birth:	
Resident School:		Grade:	
Requested School:			
Specialized Programming:	IEP <input type="checkbox"/> 504 <input type="checkbox"/> Other <input type="checkbox"/>		
Parent/Guardian/Head of Household (HOH) Name:			
Relationship to Student:			
Parent/Guardian/HOH - Mailing Address:			
Parent/Guardian/HOH - Physical Address:			
Parent/Guardian/HOH - Phone Number:			
Parent/Guardian/HOH - Email Address:			
Parent/Guardian/HOH - Signature:			

### ***Reason for the Transfer***

Please provide a description below to support your request and explain why it is in the best interest of your child to attend school in the requested school.

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***This agreement is contingent upon the following conditions:***

1. **Transportation** will be the responsibility of the parent(s)/guardian(s).
2. The student **must attend** school and **all** assigned classes every day unless properly excused.
3. The student must complete all assigned work on time and in a satisfactory manner.
4. The student will demonstrate appropriate behavior at all times.
5. **This agreement is for one (1) school year only.** This agreement must be reviewed for approval annually.
6. In order to be valid, this agreement **must be approved by both Principals, the Director/Assistant Dir. of Special Education (as necessary), and signed by the Superintendent.**

		Approved
Signature of Sending School Principal	Date	Denied

		Approved
Signature of Receiving School Principal	Date	Denied

		Approved
Signature of Director/Asst. Dir. of Special Ed.	Date	Denied

Signature of Superintendent	Date

**\*This agreement will expire at the end of the requested school year and there is no guarantee that future transfer requests will be approved.**

**\*\*A copy of this agreement will be filed in the student's permanent record, with the Superintendent's Office, and with both approving Principals.**