



**MSAD #46
OFFICE OF THE SUPERINTENDENT OF SCHOOLS
175 FERN ROAD SUITE 1, DEXTER, ME 04930
TEL: 207-924-6000**

**REQUEST FOR A SUPERINTENDENT'S AGREEMENT
SCHOOL YEAR 2027**

<hr/>	<hr/>	<hr/>	<hr/>	
Student's Name	Date of Birth	District of Home Residence	Grade	
<hr/>	<hr/>	<hr/>	<hr/>	
Parent/Guardian	PO Box or Street	Town	Zip Code	Phone Number
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Parent/Guardian Email Address	School District you wish the student to attend			
<hr/>	<hr/>			

Complete All Sections Below:

A. Residence Information:

Name of head of household: _____

Relationship: Parent/Guardian Relative Other

Address: _____ Telephone _____

B. Educational Needs:

Does your child have any special educational needs? Yes No

If Yes, please explain: _____

C. Reason for Transfer of the Student:

Your signature below acknowledges you understand that 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 of Schools

Date

APPROVED: DENIED:

Signature of Receiving Superintendent of Schools

Date

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