



MSAD 6 / RSU 6
“Bonny Eagle”

Helping all students reach their full potential . . .

Request for a Superintendent Transfer Agreement

Date: _____

Pursuant to Title 20-1, Section 5205 (6), I request a Superintendent Transfer Agreement for:

Student's Name: _____ Grade: _____ School Year: _____

Resident (Sending) District: _____ Transfer (Receiving) District: _____

Parent / Guardian's Name (*Print*): _____

Parent / Guardian's Signature: _____

Physical Address: _____

Mailing Address (*If different from above*): _____

Phone Number: _____ Email Address: _____

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**Parents!** Please provide a description below explaining why it is in the best interest of your child to attend school in the requested school district. Please include copies of any supporting documentation. ***You should not submit anything that you would not want shared with the Maine Department of Education or the State Board of Education, should the request be denied and subsequently appealed.***

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\* Please be advised that a Superintendent's Agreement is subject to approval by both superintendents and that transportation is the responsibility of the parent(s)/guardian(s).

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