



7 Lions Lane
Camden, Maine 04843
(207) 236-3358
FAX (207) 236-7810

Maria Libby
Superintendent
Debra McIntyre
Assistant Superintendent



Five Town CSD / MSAD #28

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Request for a Superintendent's Agreement

School Year _____

| Student Information | | |
|---|--|----------|
| Student's Name: | Date of Birth: | Grade: |
| Physical Address: | Mailing Address (if different): | |
| Phone: | | |
| School District you wish the student to attend: | | |
| Parent / Guardian Information | | |
| Parent / Guardian 1: | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative <input type="checkbox"/> other | |
| Physical Address: | Mailing Address (if different): | |
| Phone: | | |
| Parent E-mail: | | |
| Parent / Guardian 2: | Relationship: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Relative <input type="checkbox"/> other | |
| Physical Address: | Mailing Address (if different): | |
| Phone: | | |
| Parent E-mail: | | |
| Educational Needs | | |
| Does your child have any IEP or 504 Plan? <input type="checkbox"/> yes <input type="checkbox"/> no | If yes, explain. | |
| Please attach letter with reason for request of Transfer of Student | | |
| Your signature below acknowledges you understand that if this placement is approved by the Superintendent of Schools, it will be 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. | | |
| Parent/Guardian Signature: | Student Signature (if 18 years of age or older): | |
| Signature of Superintendent: | Date: | Approved |
| | | Denied |