

REQUEST FOR A SUPERINTENDENT'S AGREEMENT

_____	_____	_____
Student's Name	Date of Birth	District of Home Residence
_____	_____	_____
Parent/Guardian	Address	Telephone No.
_____	_____	_____
School (District) You Wish the Student to Attend	Grade	

Complete all sections below:

A. Residence Information:

Name of head of household? _____
Relationship: ___Parent/Guardian ___Relative ___Other
Address _____ Phone #: _____

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 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: _____
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_____	_____
Signature of Resident District Superintendent	Date

APPROVED: _____	DENIED: _____
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_____	_____
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 deportment.