

Scarborough Public Schools



Superintendent Transfer Request Determination

Pursuant to Title 20-A, Section 5205 (6), please be advised of the decision of the following Superintendents pertaining to the transfer request for:

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

Physical Address: _____

Mailing Address: (If different from above): _____

Phone Number: _____ Email: _____

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

Approve: _____ Deny: _____
Date of Decision: _____
_____ Signature of Resident (Sending) Superintendent

Approve: _____ Deny: _____
Date of Decision: _____
_____ Signature of Resident (Receiving) Superintendent

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Superintendents: Per Title 20-A, MRSA Section 5205 (6) the "superintendent shall provide to the parent of the student requesting transfer under this paragraph a written description of the basis of that superintendent's determination." Please provide the basis below, or attach communication that has been provided to the parent with the decision basis.

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