



21005 South School Road PO Box 789, Peculiar, Missouri 64078 \* Phone: 816-892-1300

## CHILD CARE AFFIDAVIT 2019-20

Transfer Requests due to childcare are granted only if class sizes will not exceed state standards. In addition, students must maintain good standing in terms of academics, citizenship, and attendance. Transfers may be considered when a student lives in one attendance area, but is cared for by an adult within the boundaries of another Raymore-Peculiar school. Childcare must be provided before and/or after school. If childcare is terminated or changed, the school must be notified immediately.

**Required Documentation:**

1. Student Transfer Request form must be submitted with this form.
2. A parent or legal guardian and notary must sign this form. By signing this form you agree to the terms and conditions.

*☞ If this request is for more than 1 child in the household, please list additional children on the next page.*

<b>CHILD CARE AFFIDAVIT</b>					
Student Last Name	First Name	Middle Initial	Grade	School Child should attend	Requested School
Name of Child Care Provider			Telephone Number		
Address of Child Care Provider			City	Zip Code	
<p>I agree to provide all necessary care for this student before and/or after school. I understand that falsification of information will result in the immediate denial or revocation of the transfer. I declare under penalty of perjury that the information above is correct and that the Raymore-Peculiar School District may verify any or all information provided.</p>					
Signature of Child Care Provider _____				Date _____	
<b>PARENT/GUARDIAN ACCEPTANCE OF TERMS</b>					
<p>I have read and understand the terms and conditions governing inter-district transfers. I understand that the mere act of completing this application and providing all the required documentation, <b>DOES NOT</b> guarantee that the request will be approved. I certify under penalty of perjury that the information I supplied is true and correct and that falsification of information is grounds for immediate denial or revocation of the transfer. RPSD personnel may verify any or all information provided.</p>					
Signature of Parent or Guardian _____				Date _____	
Subscribed and sworn to me before this _____ day of _____, 20____.					
(Seal)					
Notary Public Signature _____					
Comission Expires _____					

**Please list additional students here:**

Student Last Name	First Name	Middle Initial	Grade	School child should attend	Requested School
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