



Raymore-Peculiar School District EMPLOYEE Student Transfer Request

If requesting transfers to multiple school sites, please submit a separate transfer form for each school requested. Send to: Raymore-Peculiar School District, 21005 S. School Rd., P.O. Box 789, Peculiar, MO 64078.
Attn: Transfer Request

For School Year 2020-21 Date: _____

Name of Parent/Guardian: _____ Phone Number: _____

Address: _____ City: _____

Is your address in district boundaries or out of district boundaries? **IN OUT**
(Please circle one)

Is your position a classified position or certified position? **CLASSIFIED CERTIFIED**
(Please circle the correct one)

Position held within District: (ex: teacher, para, kitchen staff,ect.) _____

Building and/or Department where you are located: _____

Name(s) and grade level of student(s) you are requesting a transfer for:

<u>Name</u>	<u>Age</u>	<u>Grade</u> 2020-21	<u>School Attended In</u> 2019-20
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This transfer request is to transfer my child(ren) from _____
(Building or School District my child should attend)

to _____ (school within the district.)
(Building I want my child to attend)

***If you live outside of the Raymore-Peculiar school district and your employment with the district ends, your student will no longer be eligible to attend Ray-Pec schools and will need to transfer to your residency school district.**

Signature of Parent/Guardian requesting transfer: _____

FOR ADMINISTRATIVE SERVICES ONLY	
Date received: _____	
Approved	Not approved
Date: _____	
Signature of Superintendent or designee: _____	