



# Raymore-Peculiar School District

## NON-RESIDENT CLASSIFIED 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 2019-20

Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

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

<u>Name</u>	<u>Age</u>	<u>Grade</u> 2019-20	<u>School Attended In</u> 2018-19
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This transfer request is to transfer my child(ren) from \_\_\_\_\_  
(school district my child should attend)

to \_\_\_\_\_ school.  
(school I want my child to attend)

Date Hired: \_\_\_\_\_

Position held within District: (ex: panther pride, para, kitchen staff, ect.) \_\_\_\_\_

Building/Department where you are located: \_\_\_\_\_

**\*If your employment with the school 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 Employee requesting transfer: \_\_\_\_\_

**FOR ADMINISTRATIVE USE ONLY**

Board Approval:

Approved    Not approved    Date of Board Meeting: \_\_\_\_\_