



**THIS FORM TO BE TURNED IN WITH A STUDENT TRANSFER REQUEST FORM
(REQUEST WILL NOT BE CONSIDERED UNTIL BOTH FORMS ARE RECEIVED)**

CHILD CARE AFFIDAVIT

2024-25

Transfer Requests due to childcare are granted only if parent/guardian live within our district boundaries as well as the child care giver and 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 Ray-Pec attendance area, but is cared for by an adult within the boundaries of another Ray-Pec attendance area. Childcare must be provided before and/or after school. If childcare is terminated or changed or student no longer lives in the district 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.

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	
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.					
Signature of Child Care Provider			Date		
PARENT/GUARDIAN ACCEPTANCE OF TERMS					
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, DOES NOT 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.					
Signature of Parent or Guardian			Date		
Subscribed and sworn to me before this _____ day of _____, 20____.					
(Seal)					
Notary Public Signature					
Commission Expires _____					

Please list additional students here:

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