

LIBERTY PUBLIC SCHOOLS – STUDENT SERVICES
650 Conistor St., Liberty, MO 64068
816-736-5310

REQUEST FOR PERMIT OF TRANSFER

We are requesting the following named pupils be allowed to transfer **from** _____ school, which
(Name of current school)
is their home district school, **to** _____ school for the remainder of the school year or for school
(School you want to transfer to)
year (Current school year) _____.

1. _____ Current Grade _____ 2. _____ Current Grade _____
(Name of child) (Name of child)
3. _____ Current Grade _____ 4. _____ Current Grade _____
(Name of child) (Name of child)

The reason for requesting this transfer is: _____

Permanent/Current/ Old home address: _____ **Phone:** _____
(Circle one) (Address required)

Temporary/New address: _____ **Phone:** _____
(Circle one) (Address required)

Caregiver: _____ **Phone:** _____
(Sign, notarized statement from caregiver must be attached) (Name and Address required)

We fully understand, should this request be approved, it is for this school year only and any further request will be considered at the time the request is made. We certify the information given above is accurate and any misrepresentation of facts could void an approved transfer. Persons making a false affidavit may be subject to prosecution for the offense of submitting false residency information. Violators will be charged and upon conviction may be jailed and/or fined.

Date of request: _____ Signature: _____

E-mail _____ Printed Name: _____
(Required for correspondence) Parent or Legal Guardian

o Approved

Subject to the following conditions:

- Pupil attendance is regular;
- Pupil maintains satisfactory schoolwork;
- Pupil maintains satisfactory conduct;
- Room to which pupil is assigned does not become overcrowded
- All MSHAA Rules/Regulations apply
- Sibling Transfer Request

o Disapproved

Reason:

PARENTS ARE RESPONSIBLE FOR PUPIL TRANSPORTATION TO AND FROM SCHOOL.

Date of action: _____

Director of Student Services
Dr. Jim Hammen

NOTE: Original for Administrative Office file
Copy for pupil's home district school file
Copy for transfer school file
Copy for parent or legal guardian