FILE: JECA-AF4
Critical

Raytown C-2 School District
ADMISSION OF EMPLOYEE STUDENTS
(Employee's Child)

One Form Per Student

- ☐ Resident Employee
- ☐ Non-Resident Employee

I am a current Raytown C-2 School District employee. I request that my child, for which I have legal guardianship, be allowed to enroll in a school within the Raytown C-2 School District. I understand the following conditions apply to my child's enrollment:

- I am responsible for my child's transportation to and from school.
- School assignments are determined by available building capacities and staffing.
- In the event that I separate my employment from the district at any time during the school year, my child is no longer eligible to attend Raytown C-2 School District.
- Applications for the following school year are due by the last Wednesday in April.
- The transfer request is valid only through the summer session of **one school year**. Families must reapply each year.
- The parent/guardian agrees to provide transportation to and from the school *without* the use of district buses.
- The student must maintain satisfactory attendance (90% or above) and be late to school or leave early no more than five times per quarter or 10 times per semester. Students not meeting the attendance requirement will be removed from Raytown Schools at the end of the semester.
- The student must maintain satisfactory academic progress (2.5 GPA or above). Students will be removed from Raytown Schools at the end of the semester if they do not maintain this GPA.
- The student must maintain satisfactory behavior. Students may have no OSS or no more than 3 ISS assignments in the past three years. Students will be removed from Raytown Schools if the discipline threshold is reached.
- This transfer may jeopardize a **high school** student's **(grades 9-12)** eligibility for participation in extra-curricular activities governed by the Missouri State High School Activities Association.

Date of Request: _____ School Year for Request: _____

Requesting transfer from _____ Grade Placement _____
(Home School and District)

Student's Name: _____

Parent / Guardian: _____

Family Address: _____City: _____Zip: _____

Home Phone: _____ Business or Cell Phone: _____

School Information: School Requested: 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Employee Information: Employee's Position: _____ Employee's Building: _____

_____ _____
Signature of Parent/Guardian Date

_____ _____ ☐ Approved
Signature of Superintendent /Designee Date ☐ Denied

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Implemented: 03-13-2009
Revised: May 2025
Raytown C-2 School District, Raytown, Missouri

Return to:
Raytown School District
Attn: Residency
10750 E. 350 Highway
Raytown, MO 64138
FAX: 816.268.7079