Childcare Provider Transfer Request Notarized Letter
Grades K-6 Only

Liberty Public School student and childcare provider must live within Liberty Public Schools District boundaries

Date

I, ________________________, provide childcare for,

Child Care Provider Name

_____________________________, Liberty Public Schools Student for the School Year.

Student Name

______________________________________
Childcare Provider Printed Name

______________________________________
Childcare Provider Address

City State Zip

______________________________________
Childcare Provider Signature

State Of Missouri
County Of________

On this ______ day of __________ in the year______, before me, the undersigned notary public, personally appeared______________________________, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

______________________________________
Notary Public

Revised 03/04/20