

# The Davenport Community School District Transfer Option Form

Date:

School Year

**Student's**

Last Name

First

Street

City, State

Zip

Phone #1

Phone #2

Grade 08-09 school year

Grade 09-10 school year

Gender

Ethnic

Spec Ed

Date of Birth

ID Number

**Note: This form is only valid for the above address.**

Parent Name (Print)

Parent Signature

**Home School**

**Current School Attending**

**Requested School**

**Briefly describe the need for this Transfer Request:**

**Please Note:**

- \* Transportation is not provided. Parents are responsible for their student(s) transportation.
- \* If you are requesting a transfer due to child care, you will need to complete the verification section on the back of this form.
- \* Reapplication is required when: Residence changes or changing educational levels (ie: elementary to intermediate to high school)
- \* All students attending schools outside of their home attendance areas are guests in their transfer schools. Students will be expected to maintain appropriate grades, attendance and behavior, or the transfer agreement may be rescinded.
- \* False information provided on this document will nullify the transfer request.

**Office Use:**

Executive Director

Date:

Approved	
Denied	
Parent Notified:	
Date Notified:	
Schools Notified:	

**Type of Transfer Granted: *Transfer Guidelines, Balanced Enrollment, Administrative Assignment, No Child Left Behind, High School Choice, Chapter XI Individual Choice Option.***

## Child Care Verification Form

Day Care Provider Name:	
Address:	
Telephone Number:	
Signature of Provider:	