

**Davenport Community School District
Transfer Option Form**

Date		2019-20	
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Student Last Name		Student First Name		Student ID Number	
Street		Grade		Date of Birth	
City, Zip		Gender			
Phone		Ethnic			
Phone		Spec Ed			
Email		ESL			

Parent Name		Parent Signature	
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Home School		Current School		Requested School	
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Briefly describe the need for this Transfer Request:

Please note:

- ** All student fees must be paid current for transfer options to be considered.
- ** Transportation is not provided. Parents are responsible for their student(s) transportation.
- ** A student granted a transfer option may be ineligible for varsity competition for up to 90 days, per Iowa Code 281-36.15
- ** Re-application is required when there is an address change.
- ** False information provided on this document will nullify the transfer request.

Office Use:

Associate Superintendent

Date

Fees Paid

yes

no

Approved:	
Denied:	
Parent Notified:	
School Notified:	