

The Davenport Community School District

Transfer Option Form

Date:

School Year

Student's Last Name

First

Middle Int.

DOB

Street

Current Grade

City, State

Gender

Zip

Ethnic

Phone Hm

Spec Ed

Phone Emer

Weighting

Note: This form is only valid for the address stated above

Parent Name (Print)

Parent Signature/Name

Sending School

Requested or Assigned School

Briefly Describe the need
for this Transfer
Request

Please Note:

- * If you are requesting a transfer due to child care, you will need to complete the verification form 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 should consider themselves as guests in their transfer schools. Students will be expected to maintain good behavior, good grades and solid attendance or the transfer agreement may rescinded.
- * False information provided on this document will nullify the transfer request.

Office Use:

Central Office Admin.

Date:

Student ID	
Approved	
Denied	
Parent Notified:	
Date Notified:	

Type of Transfer Granted: *In-District Open Enrollment, Transfer Guidelines, Balanced Enrollment, Administrative Assignment, No Child Left Behind, High School Choice.*

Child Care Verification Form

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