



Ripon Area School District Transfer Form

Please complete and return to your current school's office. Once an Administrator decision is finalized please send the form to the appropriate school office.

STUDENT INFORMATION			
Student Last Name:	Student First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School Previously Attended:	School Transferring To:	Date of Transfer:	Current Grade:
Do you wish to request to continue attending up to two courses at your current school? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list the course request (a maximum of two courses):			
Has student been expelled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the student under consideration for expulsion? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL NEEDS		
Has the student been involved with a special education program? If yes, what program (check as many as apply):		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Autism	<input type="checkbox"/> Intellectual Disabilities	<input type="checkbox"/> Emotional/Behavioral Disability
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Specific Learning Disability	<input type="checkbox"/> Visual Impairment
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Other Health Impairment	<input type="checkbox"/> Speech/Language Impairment
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Significant Developmental Delay	<input type="checkbox"/> Section 504 Plan

PRIMARY RESIDENCE INFORMATION	
Primary Street Address:	City, State Zip:
Parent/Guardian Legal Name:	Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step-parent <input type="checkbox"/> Other: _____
Cell Phone:	Email Address:

SCHOOL ADMINISTRATIVE DECISION	
Date of Parent Meeting:	Decision:
Signature:	Date of Approval:
Notes:	

STUDENT INFORMATION

Student Last Name:	Student First Name:	Grade:	School:
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FOR SCHOOL USE ONLY

Please complete within one week and return to Brooke Knoll via email to knollb@ripon.k12.wi.us.

Subject 1:	Teacher:	Level/Performance:	Notes:
Subject 2:	Teacher:	Level/Performance:	Notes:
Subject 3:	Teacher:	Level/Performance:	Notes:
Subject 4:	Teacher:	Level/Performance:	Notes:
Subject 5:	Teacher:	Level/Performance:	Notes:
Subject 6:	Teacher:	Level/Performance:	Notes:
Subject 7:	Teacher:	Level/Performance:	Notes:

Additional Notes: