



## 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:
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:

### SECONDARY RESIDENCE INFORMATION

Secondary 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:
Notes:	
Signature:	Date of Approval:

## 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 Heather Baird-Mueller via email to [bairdmuellerh@ripon.k12.wi.us](mailto:bairdmuellerh@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:*