



For School Use Only

School Year: _____ School: _____ Grade: _____ Student ID: _____

Date Received: _____ Decision: _____

Ripon Area School District Transfer to Odyssey Academy of Virtual Learning

STUDENT INFORMATION

Student Last Name:	First Name:	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
School Previously Attended:	City, State:	Grade for 19-20 year:	
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"/> Hearing Impairment	<input type="checkbox"/> Specific Learning Disability
<input type="checkbox"/> Orthopedic Impairment	<input type="checkbox"/> Other Health Impairment
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Significant Developmental Delay
	<input type="checkbox"/> Emotional/Behavioral Disability
	<input type="checkbox"/> Visual Impairment
	<input type="checkbox"/> Speech/Language Impairment
	<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:
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:
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: