

SCHOOL DISTRICT OF SHEBOYGAN FALLS

NOTICE TO TRANSFER STUDENT RECORDS

PLEASE NOTE THAT
(Student) (Grade)

INTENDS TO WITHDRAW FROM
(School)

(Address) (City) (State) (ZIP)

EFFECTIVE
(Date)

INTENDS TO ENROLL AT
(School)

(Address) (City) (State) (ZIP)

ACCESS TO THE INFORMATION WHICH I HAVE INDICATED BELOW:

- OFFICIAL STUDENT ACADEMIC/ADMINISTRATIVE RECORDS (IDENTIFYING INFORMATION, GRADE LEVEL COMPLETED, GRADES, CLASS RANK, ATTENDANCE RECORDS, GROUP APTITUDE/ACHIEVEMENT TEST RESULTS)
- MEDICAL AND/OR RELATED HEALTH RECORDS
- OTHERS (SPECIFY)

SEND TO:

- PRINCIPAL
SHEBOYGAN FALLS ELEMENTARY SCHOOL (K-4)
1 ALFRED W. MILEY AVENUE
SHEBOYGAN FALLS, WI 53085
- PRINCIPAL
SHEBOYGAN FALLS MIDDLE SCHOOL (5-8)
2 ALFRED W. MILEY AVENUE
SHEBOYGAN FALLS, WI 53085
- PRINCIPAL
SHEBOYGAN FALLS HIGH SCHOOL (9-12)
220 AMHERST AVENUE
SHEBOYGAN FALLS, WI 53085

**WISCONSIN STATUTES 118.24(4) STATES THAT
WITHIN 5 WORKING DAYS, A SCHOOL
DISTRICT SHALL TRANSFER TO ANOTHER
SCHOOL OR SCHOOL DISTRICT ALL PUPIL
RECORDS RELATING TO A PUPIL UPON
WRITTEN NOTICE FROM THE PUPIL IF HE/SHE
IS AN ADULT, OR HIS/HER PARENTS IF THE
PUPIL IS A MINOR, THAT THE PUPIL INTENDS
TO ENROLL IN THE OTHER SCHOOL OR
SCHOOL DISTRICT, OR WRITTEN NOTICE FROM
THE OTHER SCHOOL OR SCHOOL DISTRICT
THAT THE PUPIL HAS ENROLLED.**

(SIGNATURE OF PARENT, OR STUDENT - 18 YEARS OR OLDER, OR DISTRICT REP)

(TITLE)

(DATE)