



# Waupun Area School District

950 Wilcox Street Waupun, WI 53963

Phone: 920-324-9341 Fax: 920-324-2630

www.waupun.k12.wi.us



## **REQUEST FOR STUDENT RECORDS**

Student Name:		Grade 18-19:
Was this student receiving any of the following services: ___ELL ___Title 1 ___At Risk ___Other:		
Special Education Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES – Primary Disability:

Previous School Name, City, State:	Phone:	Fax (if known):
------------------------------------	--------	-----------------

### **PLEASE SEND ALL SCHOOL RECORDS, INCLUDING THOSE INDICATED BELOW:**

- CUMMULATIVE RECORDS
- HEALTH AND IMMUNIZATION RECORDS
- GRADES/TRANSCRIPTS
- CURRENT IEP & EVAL or 504 PLAN
- TEST RESULTS/ASSESSMENTS
- BEHAVIORAL RECORDS

**\*FOR GRADES 7-12 PLEASE FAX OR EMAIL A COPY OF CURRENT SCHEDULE/TRANSCRIPTS to  
920-324-6995 or cburk@waupun.k12.wi.us**

**\*IF APPLICABLE PLEASE FAX OR EMAIL A COPY OF THE CURRENT IEP & EVAL to  
920-324-2630 or mkelly@waupun.k12.wi.us**

SEND RECORDS TO:  
Waupun Area School District  
Attn: Registrar  
950 Wilcox St.  
Waupun, WI 53963

Records Requested by:	Date:
-----------------------	-------

*For Waupun Area School District Use Only:*

Enrollment Date \_\_\_\_\_ Records Received: ☐ Cum File ☐ Health records ☐ Sp. Ed. Records ☐ Transcripts

Records sent to ☐ Building Secretary ☐ Health Secretary ☐ Sp. Ed Secretary on \_\_\_\_\_