

RIPON AREA SCHOOL DISTRICT

STUDENT TEACHER

Completed form must be submitted with TB test results to the District office at least two weeks prior to the first day of student teaching.

Teacher this applicant will be working with _____

Date range applicant will be working with this Teacher _____

Full Name _____
(Last) (AKA/Maiden) (First) (M.I.)

Present Mailing Address _____

Permanent Mailing Address _____

Telephone Numbers
Present (____) _____ Cell (____) _____ Work (____) _____

Social Security Number _____ D.O.B. _____

Drivers License Number _____ Issuing State _____

College supervising student teaching: _____

RESIDENTIAL HISTORY SINCE AGE 18

House #/Street	City	State/Zip Code	County	How long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a violation of law, including misdemeanors, other than a minor traffic violation?
Yes ____ No ____ If yes, please explain.

Are any criminal charges or proceedings pending against you? Yes ____ No ____
If yes, please explain.

My signature below authorizes the Ripon Area School District to conduct a background investigation and authorizes release of information in connection with my volunteer position. This investigation may include such information as criminal or civil convictions, driving records, previous employers and educational institutions, personal references professional references and other appropriate sources. I waive my right of access to any such information, and without limitation hereby release the Ripon Area School District and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Wisconsin or other State Department of Social Services Child Protective Services Unit and any Locality to which they may refer for release of information pertaining to any findings of child abuse or neglect investigations involving me.

Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge they may be relied upon in considering my application, and I understand that any omission, false answered statement made by me on this form, or any supplement to it will be sufficient grounds for failure to deny you as a volunteer in the Ripon Area School District.

Date _____ Signature _____

According to Wis. Statute 118.28 schools are required to have staff show proof of their ability to perform their assigned job responsibilities both for their safety and also for the safety of their charges. This includes a recent TB (tuberculin) test or a chest x-ray to verify their communicable disease status. Student teachers must submit proof of their TB test results with this form at least two weeks prior to the first day of student teaching.

The District does not assume any of the cost of TB testing for student teachers.