## **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 wil	ll be working with _			· · · · · · · · · · · · · · · · · · ·
Date range applicant will	be working with thi	s Teacher		
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Full Name	(Lost)	(AKA/Maiden)	(First)	(M.I.)
		,		(171.1.)
Present Mailing Address		<del></del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Permanent Mailing Addre	ess			
Telephone Numbers Present ()	Cell(		Work ()	
Social Security Number _			D.O.B	
Drivers License Number			Issuing State _	· .
College supervising stude	ent teaching:	*	· · · · · ·	·
RESIDENTIAL HISTORY House #/Street		State/Zip Code	County	How long?
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Are any criminal charge If yes, please explain.	s or proceeding	s pending ag	ainst you? Yes	s No			
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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.