

**HORICON SCHOOL DISTRICT  
ENROLLMENT FORM**

<b>STUDENT INFORMATION</b>	
Student Name <i>(Last, First, MI)</i>	
Student Home Phone	
Gender	
Grade	
Date of Birth	
<b>ADDRESS INFORMATION</b>	
Mailing Address	
Mailing City, State, Zip	
Home Address ( if different)	
Home City, State, Zip	
<b>PARENT INFORMATION</b>	
Mother/Guardian Name	
Father/Guardian Name	
Parent/Guardian E-Mail Address	
<b>***PLEASE BRING YOUR CHILD'S BIRTH CERTIFICATE WITH YOU WHEN REGISTERING***</b>	
<b>PREVIOUS SCHOOL INFORMATION</b>	
Name of last school attended	
Address	
City, State, Zip	
Services Student Received?	<input type="checkbox"/> Speech & Language Therapy <input type="checkbox"/> Hearing Services <input type="checkbox"/> Learning Disabilities Services <input type="checkbox"/> Physically Disabled Services <input type="checkbox"/> Cognitive Disabilities Services <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Emotional Disturbance Services <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Vision Services <input type="checkbox"/> School Counseling <input type="checkbox"/> Social Work Services <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Other - please specify

I verify that my son/daughter has not been expelled from a previous school district pursuant to Section 120.13(l)(f) of the Wisconsin Statutes.

I understand and acknowledge that my failure to provide a true response to the above is grounds for expulsion of my son/daughter pursuant to Section 120.13(l)(f) of the Wisconsin Statutes.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

**PLEASE RETURN FORM TO:      HORICON SCHOOL DISTRICT  
841 GRAY STREET  
HORICON, WI 53032  
ATTN: REGISTRAR**

**FOR OFFICE USE ONLY:**

School Year \_\_\_\_\_ Starting Date \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_