

**HORICON SCHOOL DISTRICT
ENROLLMENT FORM**

| STUDENT INFORMATION | |
|--|--|
| Student Name <i>(Last, First, MI)</i> | |
| Student Home Phone | |
| Gender | |
| Grade | |
| Date of Birth | |
| ADDRESS INFORMATION | |
| Mailing Address | |
| Mailing City, State, Zip | |
| Home Address (if different) | |
| Home City, State, Zip | |
| PARENT INFORMATION | |
| Mother's Name | |
| Father's Name | |
| Parent E-Mail Address | |
| ***PLEASE BRING YOUR CHILD'S BIRTH CERTIFICATE WITH YOU WHEN REGISTERING*** | |
| PREVIOUS SCHOOL INFORMATION | |
| 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"/> Guidance 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
611 MILL STREET
HORICON, WI 53032
ATTN: REGISTRAR**

| |
|--|
| FOR OFFICE USE ONLY: School Year _____ Starting Date _____ Grade _____ Teacher _____ |
|--|