

**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 _____
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