

School Census Information Request

All families that are in the Hortonville Area School District are required to fill out this form. Please return this form to any one of the public school offices or mail to: HASD Business Office P.O. Box 70 Hortonville WI 54944 by **June 1st 2010**. Your help and cooperation is greatly appreciated!

Please Print Clearly

Name of Parent/Guardian living at this address: _____

Address/City/Zip: _____ Phone Number _____

Township/Village: _____

Number of children ages 0-20 living within your household _____. Please list all children below.

Name of Child: _____ M or F (circle one)

Age: _____ Birth date: _____

Does your child attend a Public School? Yes No (please circle one)

Does your child attend a Private School? Yes No (please circle one)

Name of Child: _____ M or F (circle one)

Age: _____ Birth date: _____

Does your child attend a Public School? Yes No (please circle one)

Does your child attend a Private School? Yes No (please circle one)

Name of Child: _____ M or F (circle one)

Age: _____ Birth date: _____

Does your child attend a Public School? Yes No (please circle one)

Does your child attend a Private School? Yes No (please circle one)

Name of Child: _____ M or F (circle one)

Age: _____ Birth date: _____

Does your child attend a Public School? Yes No (please circle one)

Does your child attend a Private School? Yes No (please circle one)

Name of Child: _____ M or F (circle one)

Age: _____ Birth date: _____

Does your child attend a Public School? Yes No (please circle one)

Does your child attend a Private School? Yes No (please circle one)