

Today's Date _____

HEAD START APPLICATION REQUEST FORM
SCHOOL YEAR 2019/2020

Center/Area: _____

Child's Name: _____ M _____ F _____

Birth Date (Child must be born before September 1, 2016): _____

Physical Address: _____

Mailing Address: _____

Phone Number where applicant can be reached: _____

Parent/Guardian's Name: _____

Person/Agency who received the request: _____

Please submit request by either:

Emailing this request to paula.ward@ho-chunk.com or laurel.meek@hochunk.com;

Mailing to Ho-Chunk Head Start, PO Box 667, Black River Falls, WI 54615;
or Fax to: 715-284-2317