



Hartford Union High School District

ACT 36 Registration Form

Please fill in the form below.

Make checks payable to **Hartford Union High School ACT 36.**

The total cost is \$150

Parent's Name: _____
Prefix First Name Last Name

Student's Name: _____
Prefix First Name Last Name

Address: _____
Street Address

_____, Wisconsin _____
City/Township Zip Code Telephone

E_mail Address: _____

For Office Use Only

Date Received: _____ Paid ____ In District ____ Out of District ____

- | | |
|------------------|---|
| ____ January 4 | ____ Make Up Date/Relearning: January 7 |
| ____ January 9 | ____ Make UP Date/Relearning: January 11 |
| ____ January 16 | ____ Make Up Date/Relearning: January 18 |
| ____ January 23 | ____ Make Up Date/Relearning: January 25 |
| ____ January 30 | ____ Make Up Date/Relearning: February 4 |
| ____ February 6 | ____ Make Up Date/Relearning: February 8 |
| ____ February 13 | ____ Make Up Date/Relearning: February 15 |
| ____ February 21 | No Make Up Date Needed |
| ____ February 27 | ____ Review Day |