



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