

Today's Date \_\_\_\_\_

**HEAD START APPLICATION REQUEST FORM**  
**SCHOOL YEAR 2018/2019**

**Center/Area:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

**Birth Date (Child must be born before September 1, 2015):** \_\_\_\_\_

**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](mailto:paula.ward@ho-chunk.com) or [laurel.meek@hochunk.com](mailto:laurel.meek@hochunk.com);**

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