



HORIZON SCIENCE ACADEMY DENISON MIDDLE SCHOOL
1700 Denison Ave, Cleveland, OH 44109

Email: info@horizondenison.org

Web: horizondenison.org

Phone: 216-739-9911

Fax: 216-739-9913

RE-ENROLLMENT APPLICATION FOR 2019-2020 SCHOOL YEAR

Please fill out and return this re-enrollment form to the main office in order to renew your child's enrollment for the 2019-2020 school year.

Student Name:

First Middle Last

Grade student will be entering: 1 2 3 4 5 6 7 8

My child will return to HSA Denison Middle School for the 2019-2020 school year

My child will not return to HSA Denison Middle School. Reason:

Parent/Guardian:

First Name: _____ Middle _____ Last Name _____

Address: _____ Apt# _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Cell Phone: _____ Parent Occupation (Optional): _____

Email: _____

Relationship to student: _____

By signing the line below, I indicate that my child will be attending Horizon Science Academy Denison for the 2019-2020 school year. I further indicate that all the information above is correct and up to date including my address.

Signature of Parent or Legal Guardian

Date