



# School District of Holmen

1019 Mc Hugh Road  
Holmen, Wisconsin 54636-9296

(608) 526-6610 (608) 526-1333 FAX  
www.holmen.k12.wi.us

## Sex Offenders to Notify Schools Form

Completion of this form fulfills the requirement of WI ACT 88. 301.475 of Wisconsin Statute, Sex Offenders to Notify Schools. This form must be filled out, signed, and sent to the District Administrator for processing.

**Check box #1 and fill in section #1 if you are the parent/guardian of a child or children in the district.**

1. I, \_\_\_\_\_ am registered with the Wisconsin Sex Offender Registry.

I wish to notify the District Administrator that I am the parent of children who attend Schools in the School District of Holmen. My child(ren) are:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Check box #2 and fill in section #2 if you are not the parent/guardian of a child or children in the district.**

2. I, \_\_\_\_\_ am registered with the Wisconsin Sex Offender Registry.

I wish to notify the District Administrator that I will be on school premises on \_\_\_\_\_ date,  
and \_\_\_\_\_ time, attending \_\_\_\_\_ school for the purpose  
of \_\_\_\_\_.

I understand that I must submit this annual notice to the District Administrator at the beginning of each academic school year or at such time as my child(ren) is/are enrolled into the district.

\_\_\_\_\_  
Registrant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Administrator/Designee Signature

\_\_\_\_\_  
Date

For District Use Only

Date received \_\_\_\_\_

cc: Building Principal