



REQUEST FOR RELEASE OF STUDENT RECORDS

PLEASE CIRCLE

TODAY'S DATE: _____

STUDENT ENROLLING IN GRADE: _____

IS STUDENT ON IEP YES NO

IS STUDENT ON 504 YES NO

STUDENT'S LEGAL NAME: _____ DATE OF BIRTH: _____

PRINTED NAME OF PARENT/GUARDIAN OF STUDENT: _____

SIGNATURE OF PARENT/GUARDIAN OF STUDENT: _____

LAST SCHOOL ATTENDED:

SUMMER MONTHS: SCHOOL YOUR CHILD WOULD HAVE PROMOTED TO:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

LIST ANY OTHER SCHOOLS ATTENDED THIS SCHOOL YEAR: _____

THIS STUDENT HAS ENROLLED IN THE FOLLOWING HAYSVILLE USD 261 SCHOOL:

- | | | |
|---|------------------|-------------------|
| <input type="checkbox"/> CAMPUS HIGH SCHOOL, 2100 W. 55 TH ST. SO, WICHITA, KS 67217 | PH: 316-554-2236 | FAX: 316-554-2247 |
| <input type="checkbox"/> HAYSVILLE HIGH SCHOOL, 106 STEWART, HAYSVILLE, KS 67060 | PH: 316-554-2231 | FAX: 316-554-2328 |
| <input type="checkbox"/> HAYSVILLE MIDDLE SCHOOL, 900 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2251 | FAX: 316-554-2316 |
| <input type="checkbox"/> HAYSVILLE WEST MIDDLE SCHOOL, 1956 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2370 | FAX: 316-554-2270 |
| <input type="checkbox"/> FREEMAN ELEMENTARY SCHOOL, 7303 S. MERIDIAN, HAYSVILLE, KS 67060 | PH: 316-554-2265 | FAX: 316-554-2295 |
| <input type="checkbox"/> NELSON ELEMENTARY SCHOOL, 245 N. DELOS, HAYSVILLE, KS 67060 | PH: 316-554-2273 | FAX: 316-554-2275 |
| <input type="checkbox"/> OATVILLE ELEMENTARY SCHOOL, 4335 S. HOOVER, WICHITA, KS 67215 | PH: 316-554-2290 | FAX: 316-554-2292 |
| <input type="checkbox"/> PRAIRIE ELEMENTARY SCHOOL, 7101 S. MERIDIAN, HAYSVILLE, KS 67060 | PH: 316-554-2350 | FAX: 316-554-2357 |
| <input type="checkbox"/> REX ELEMENTARY SCHOOL, 1100 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2281 | FAX: 316-554-2283 |
| <input type="checkbox"/> RUTH CLARK ELEMENTARY SCHOOL, 1900 W. 55 TH ST. SO, WICHITA, KS 67217 | PH: 316-554-2333 | FAX: 316-554-2340 |
| <input type="checkbox"/> EARLY CHILDHOOD CENTER, 1745 W. GRAND, HAYSVILLE, KS 67060 | PH: 316-554-2233 | FAX: 316-554-2272 |

PLEASE SEND THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> TRANSCRIPT OF PREVIOUS GRADES | <input type="checkbox"/> INDIVIDUAL EDUCATION PROGRAM (IEP) |
| <input type="checkbox"/> WITHDRAWAL GRADES | <input type="checkbox"/> PSYCHOLOGICAL TESTING |
| <input type="checkbox"/> HEALTH RECORDS | <input type="checkbox"/> ATHLETIC OR OTHER PHYSICAL |
| <input type="checkbox"/> ATTENDANCE RECORDS | <input type="checkbox"/> VERIFICATION OF DATE OF BIRTH |
| <input type="checkbox"/> TEST RECORDS | <input type="checkbox"/> GRADE THIS YEAR: _____ |
| <input type="checkbox"/> KSHSAA (TRANSFER OF ELIGIBILITY) | <input type="checkbox"/> KIDS STATE STUDENT ID NUMBER |

I, the undersigned, do hereby request and authorize (name of agency or person) _____ to release to the Office of Special Education Services, Haysville USD 261, 1745 W. Grand, Haysville, KS 67060 any medical, psychological, school, social or special education information concerning the above named student. I understand that the information thus obtained will be treated in a confidential manner.

Signature: _____ Relationship to Student: _____

Address/City/State/Zip: _____



Support Services

Please check any areas that apply to your child's education. Knowing about special needs in advance will help assure that your child will receive the necessary services in a timely manner.

Please check the applicable areas for Special Education Program:

- | | |
|---|---|
| <input type="checkbox"/> Learning Disabilities/Interrelated | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Behavior Disorders |
| <input type="checkbox"/> Additional Disability, please list | <input type="checkbox"/> None of the Above |

Does your child have a 504? Yes _____ No _____

Print Student Name: _____

Parent Signature: _____ Date: _____

Enrollment School: _____

Notice of Nondiscrimination

The School District does not discriminate on the basis of race, color, national origin, age, sex, disability, or military status, in admission or access to, or treatment or employment in its programs and activities. Any person having inquiries concerning Haysville Public School's compliance with the regulations implementing Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), or Title II of the Americans with Disabilities Act of 1990 (ADA), may contact the Assistant Superintendent for Personnel, Dr. Michael Clagg, 1745 W. Grand, Haysville, KS 67060, 316-554-2200.

Haysville USD 261

Enrollment Suspension/Expulsion Questionnaire

The safety of students is a priority for Haysville USD 261. In an effort to ensure a safe environment for everyone, we must check the status of each student who enrolls in our schools.

According to Kansas Statute 72-8907 regarding suspension and expulsion of pupils: **Refusal to admit suspended or expelled pupil authorized:** *A pupil who has been suspended or expelled from school by any school district may be refused admission to school in any other school district, regardless of residency, until such time as the period of suspension or expulsion has expired.*

Prior to admission to Haysville USD 261, it is required that information about suspension or expulsion from a previous school be disclosed. Please complete the following information.

Is your student currently under a suspension or expulsion from his/her previous school? Yes No

Print Student Name: _____

Parent Signature _____ Date _____