

## Limited Open Enrollment Student Data Enrollment Information Haysville USD 261

**\*\*Providing the school with accurate and up-to-date information enables us to maintain the best possible communication between school and home regarding your child. \*\***

**Student Information:**

Date of Enrollment \_\_\_\_\_

Name (Last, First, M.I.) \_\_\_\_\_

Street Address: \_\_\_\_\_ DOB \_\_\_\_\_ Gender M or F

City/State/Zip \_\_\_\_\_

Primary Contact Phone Number: \_\_\_\_\_ Student enrolling in grade: \_\_\_\_\_

Secondary Address (if different than above): \_\_\_\_\_

Secondary City/State/Zip \_\_\_\_\_

**Guardian Information: Please include both biological parents' contact information unless one or both parents no longer have rights**

Primary's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Primary's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Primary's Cell: \_\_\_\_\_ Primary's Home Phone: \_\_\_\_\_

Primary's Email Address: \_\_\_\_\_

Secondary's Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Secondary's Employer: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

Secondary's Cell: \_\_\_\_\_ Secondary's Home Phone: \_\_\_\_\_

Secondary's Email Address: \_\_\_\_\_

**Emergency Contacts/pick-ups:**

Contact #1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #3: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact #4: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary Residential Guardianship: (check, please):**

Both Parents

Mom and Stepfather

Mom Only

Shared/Joint Custody

Dad and Stepmother

Dad Only

Other \_\_\_\_\_

**Additional Information (meds, health concerns, legal issues):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please complete reverse side ~~~~>*

**Siblings of this student attending a Haysville School:**

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

Family Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Has this student previously attended school in the Haysville School District?** Yes No

**If yes, which school(s)?** \_\_\_\_\_ **Dates Attended? (mo/year)** \_\_\_\_\_

**Has this student previously been tested for Special Education?** Yes No

**Does this student have a current IEP?** Yes No **Does this student have a 504 Plan?** Yes No

**Grade entered Kansas Schools? (mo/year):** \_\_\_\_\_ **Date entered District USD 261? (mo/year):** \_\_\_\_\_

**Did you participate in the Parents as Teachers program with this child in U.S.D. #261 or elsewhere for six months or more?** Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
**Signature of Person Completing This Form**

\_\_\_\_\_  
**Relationship to Student**

**For Office Use Only**

**Current School Year:** \_\_\_\_\_ **Grade Assignment:** \_\_\_\_\_

**Teacher/Team Assignment:** \_\_\_\_\_

**Copy on file of:** \_\_\_\_\_ Birth Certificate

**Legal Documents on file?** Yes No

**Transportation Information:**

AM Bus Route: \_\_\_\_\_ AM Bus Number: \_\_\_\_\_

PM Bus Route: \_\_\_\_\_ PM Bus Number: \_\_\_\_\_

**Additional Transportation Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Limited Open Enrollment  
Request for Release of Student Records  
Haysville USD 261  
1745 W. Grand  
Haysville, KS 67060  
(316) 554-2200**

Today's Date \_\_\_\_\_ Student enrolling in grade: \_\_\_\_\_

Student Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Parent/Guardian of Student: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Previous School \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**This student has enrolled in the following Haysville USD 261 school:**

- \_\_\_\_\_ Campus High School, 2100 W. 55<sup>th</sup> Street So., Wichita, KS 67217; Ph. (316) 554-2236/Fax (316) 554-2247
- \_\_\_\_\_ Haysville Alternative High School, 106 Stewart, Haysville, KS 67060; Ph. (316) 554-2231/Fax (316) 554-2328
- \_\_\_\_\_ Haysville Middle School, 900 W. Grand, Haysville, KS 67060; Ph. (316) 554-2251/Fax (316) 524-5445
- \_\_\_\_\_ Haysville West Middle School, 1956 W. Grand, Haysville, KS 67060; Ph. (316) 554-2370/Fax (316) 554-2270
- \_\_\_\_\_ Freeman Elementary, 7303 S. Meridian, Haysville, KS 67060; Ph. (316) 554-2265/Fax (316) 554-2295
- \_\_\_\_\_ Nelson Elementary, 245 N. Delos, Haysville, KS 67060; Ph. (316) 554-2273/Fax (316) 554-2275
- \_\_\_\_\_ Oatville Elementary, 4335 S. Hoover, Wichita, KS 67215; Ph. (316) 554-2290/Fax (316) 554-2292
- \_\_\_\_\_ Prairie Elementary, 7101 S. Meridian, Haysville, KS 67060 Ph. (316) 554-2350/Fax (316) 554-2357
- \_\_\_\_\_ Rex Elementary, 1100 W. Grand, Haysville, KS 67060; Ph. (316) 554-2281/Fax (316) 522-2043
- \_\_\_\_\_ Ruth Clark Elementary, 1900 W. 55<sup>th</sup> Street So., Wichita, KS 67217; Ph. (316) 554-2333/Fax (316) 554-2340
- \_\_\_\_\_ Early Childhood Center, 1745 W. Grand, Haysville, KS 67060; Ph. (316) 554-2233/Fax (316) 554-2272

**Please send the following:**

- |  |  |
|--|--|
| _____ Transcript of Previous Grades    | _____ Individual Education Program (IEP) |
| _____ Withdrawal Grades                | _____ Psychological Testing              |
| _____ Health Records                   | _____ Athletic or Other Physical         |
| _____ Attendance Records               | _____ Verification of Date of Birth      |
| _____ Test Records                     | _____ Grade this year: _____             |
| _____ KSHSAA (Transfer of Eligibility) | _____ KIDS State Student ID #            |

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 \_\_\_\_\_

# Limited Open Enrollment Enrollment Suspension/Expulsion Questionnaire Haysville USD 261

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

Has your student ever been suspended or expelled? If so what school and year?  Yes  No  
If yes, when?

School \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_  
School \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_ Year \_\_\_\_\_

Print Student Name: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_