



Office of Superintendent  
1745 W Grand Avenue, Haysville, Kansas 67060 Phone: 316-554-2200

New Student Enrollment Authorization

**Parent(s)/Guardian(s) name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Responsible party, if student not residing with parent:**

Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Day phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Address where student(s) will be residing:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Reason for requesting enrollment:**

- New to District
- Re-Enroll
- Limited Open Enrollment
- District Employee
- Financial Reasons
- Loss of Employment
- Lacking Permanent Residence
- Leaving Unsafe Living Conditions
- Foster Care
- Awaiting Placement
- Permanent Placement
- Other \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Personnel Signature:** \_\_\_\_\_

**\*THIS INFORMATION IS CONFIDENTIAL\***

List all students requesting enrollment in USD 261 Haysville Schools on back side of form.

**\*\*\*INCLUDE A COPY OF THIS FORM IN THE FILE OF EVERY STUDENT LISTED\*\*\***

(Scan a copy of this form to all schools listed on the back of this form)

**Provide Full Legal Name of each student.**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student Number Label

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student Number Label

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student Number Label

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student Number Label

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Student Number Label