



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