



Limited Open Enrollment Application
Student Data Enrollment Information
For 2020 – 2021 School Year

Providing accurate and up-to-date information will enable us to evaluate your application quicker. When completed, please return this application and the supporting documents listed below to 1745 W. Grand, Haysville, KS 67060. If approved, you will be notified by the school accepting your student.

APPLICATION WILL ONLY BE ACCEPTED WITH THE FOLLOWING REQUIRED DOCUMENTS:
1)Transcript 2)Discipline Records 3)Attendance Records 4) IEP & 504 Records (if applicable)

If requesting a specific school, which one? (You must realize this will be a space available option.)
Please state your reason for this specific school request:

(If In-District student numbers increase your student may be moved to a school with space available. The parent/guardian will be notified of this prior to relocating the student.)

Please understand that, according to state laws, we are unable to provide transportation outside our school district boundaries. You will be responsible for transporting your student to and from our school.

Student Information:

Date of Application:

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

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

Siblings of this student already attending a Haysville School:

Name School Attending Grade

Name School Attending Grade

Name School Attending Grade

Name School Attending Grade

Siblings of this student who are also applying to attend a Haysville School:

Name School Currently Attending Grade

Name School Currently Attending Grade

Name School Currently Attending Grade

Name School Currently Attending Grade

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

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

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 \_\_\_\_\_

**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: \_\_\_\_\_

**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):**

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

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**Date**

**As parent or guardian, I understand:**

If approved to attend Haysville Schools, yearly renewal is contingent on the following factors; parental cooperation, space available, attendance, grades and disciplinary record. Each Limited Open Enrollment student approved to enter Haysville Schools will be evaluated at the end of each year to determine if the student has met the expectations of USD 261. If those expectations have not been met the student may not be invited back the following year.

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

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

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Haysville USD 261 does not discriminate on the basis of race, color, national origin, sex, disability, military status or age in its programs and activities. The following person has been designated to handle inquiries regarding non-discrimination policies:

Dr. Michael Clagg, Assistant Superintendent for Human Resources  
1745 West Grand, Haysville, KS  
316.554.2206

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**Limited Open Enrollment Application  
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 is applying for enrollment 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, relocation, and/or expulsion from a previous school be disclosed. Please complete the following information.

Is your student **currently** under suspension, expulsion or relocated from his/her previous school? \_\_\_ Yes \_\_\_ No

Has your student **ever been** suspended, expelled or relocated from a school: \_\_\_ Yes \_\_\_ No

Is your student **in process of being** suspended, expelled or relocated from his current school? \_\_\_ Yes \_\_\_ No

**If you answered Yes to any of the above questions, please also provide the following information:**

**Which school did this occur and what year, OR which school is this now in the process of occurring:**

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

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

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

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

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

**FOR OFFICE USE ONLY**

**THIS INFORMATION HAS BEEN REVIEWED BY THE FOLLOWING SCHOOLS:**

**CAMPUS:** \_\_\_\_\_  
**HWMS:** \_\_\_\_\_ **HMS:** \_\_\_\_\_  
**FREEMAN:** \_\_\_\_\_ **NELSON:** \_\_\_\_\_ **OATVILLE:** \_\_\_\_\_  
**PRAIRIE:** \_\_\_\_\_ **REX:** \_\_\_\_\_ **RUTH CLARK:** \_\_\_\_\_

**SELECTED**

**IF SELECTED, WHICH SCHOOL** \_\_\_\_\_

**DENIED** \_\_\_\_\_

**IF DENIED, EXPLANATION** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME OF PERSON COMPLETING THIS FORM:** \_\_\_\_\_