The One Room Schoolhouse
901 Circle Drive, Arkansas City, KS. 67005 (620) 441-9865
oneroomschool2020@gmail.com www.oneroomschool.net

Application

Student's Name:_____ **Date:**_____
First Midde Last

Student Grade level (entering): _____ **Student Birth Date:**_____

Parent(s)/Guardian(s) Name(s): _____

Home Address: _____
Street City State zip

Home/Cell Phone number(s):_____

Email address(es): _____

Does your child have any allergies? No Yes
If yes, please list: _____

Does your child currently have an IEP or 504 plan in place? No Yes
If yes, what type?:_____

What are your child's greatest strengths?

_____

_____

_____

Please list why you seek admission in our school.

_____

_____

If my child is selected for enrollment, I understand that I will be asked to abide by the student handbook and pay all tuition and fees as outlined in the tuition and fees schedule. I also understand that I would be enrolling my child for the full school year.

Parent/Guardian signature: _____ **Date:**_____

Parent/Guardian printed name:_____