



## The One Room Schoolhouse

31729 61<sup>st</sup> Rd, Arkansas City, KS. 67005

[oneroomschool2020@gmail.com](mailto:oneroomschool2020@gmail.com)

(620) 441-9865

[www.oneroomschool.net](http://www.oneroomschool.net)

### Application

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Middle 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?

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Please list why you seek admission in our school.

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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: \_\_\_\_\_