



The One Room Schoolhouse

31729 61st Rd, Arkansas City, KS. 67005

oneroomschool2020@gmail.com

(620) 441-9865

www.oneroomschool.net

Enrollment Form

Student Information

Date: _____

Name: _____
Last First Middle Called

Grade level: _____ Birth Date: _____ Age: _____ Gender: _____

Last School Attended/Attending: _____
Name of School

Grade Level Achieved: _____
School Address/Phone number

Family Information

Parent/Guardian: _____
Last First Middle Initial

Home Address: _____
Street City State Zip

Email Address: _____ Cell Phone Number: _____

Marital Status: ☐ Divorced ☐ Widowed ☐ Separated ☐ Single ☐ Married _____
Spouse's Name

Occupation: _____ Work Phone: _____

Parent/Guardian: _____
Last First Middle Initial

Home Address: _____
Street City State Zip

Email Address: _____ Cell Phone Number: _____

Marital Status: ☐ Divorced ☐ Widowed ☐ Separated ☐ Single ☐ Married _____
Spouse's Name

Occupation: _____ Work Phone: _____

Educational Information

Has the applicant ever repeated a grade? ☐ Yes ☐ No

If yes, please explain: _____

Has the applicant ever been suspended or expelled? ☐ Yes ☐ No

If yes, please explain: _____

Has the applicant ever been tested for a learning disability? ☐ Yes ☐ No

If yes, please attach a copy of the test results.

Does your child have an IEP or 504 on file with a school district? ☐ Yes ☐ No

If yes, please list what specific subject matter(s): _____

Medical Information

Family physician name and number: _____

Please list any known allergies: _____

Please list any serious illnesses or injuries of which our school should be aware:

Emergency Information

Please list contacts to be notified when parents/guardians are not available.

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

****Please include a copy of the applicant's birth certificate (or placement paper if in foster care), and immunization record.**