



The One Room Schoolhouse

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