



# Early Childhood, Special Education and Title Services

Kansas State Department of Education  
Landon State Office Building  
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Topeka, Kansas 66612-1212

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(800) 203-9462  
(785) 291-3791 - fax

[www.ksde.org](http://www.ksde.org)

**TO:** Non-Accredited Private School Officials

**SUBJECT:** Non-Accredited Private School Registration

To comply with the provisions of K.S.A. 72-53,100 through 72-53,102 (see enclosed Kansas Statute document), please provide the information on the form below concerning your non-accredited private school (elementary or secondary). After completing this form **make copies for your files and for the school from which your student is withdrawn.**

Please provide all information requested below and return the entire page to:

**Non-Accredited Private School  
Attn: Tate Toedman  
Early Childhood, Special Education and Title Services  
900 SW Jackson Street, Suite 620  
Topeka, Kansas 66612-1212**

*You need not register every year. If your name or address should change, please fill out a "Change of Address Form." If you have questions concerning this form, please call (785) 296-6066 or email [tlutze@ksde.org](mailto:tlutze@ksde.org) or [ttoedman@ksde.org](mailto:ttoedman@ksde.org).*

***This registration is NOT for the purpose of enrolling in a Kansas approved virtual entity.***

## NON-ACCREDITED PRIVATE SCHOOL REGISTRATION

**Starting School Year:** \_\_\_\_\_  
*Current Year*

### Name of Your Private School:

\_\_\_\_\_

\*Phone: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*E-Mail \_\_\_\_\_

Address: \_\_\_\_\_

### Name of Private School Official

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

\*Phone: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Only if information is different from Custodian.

**Name of Parent (Guardian):** \_\_\_\_\_

\*Phone: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_