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 After completing this form make copies for your files and for the school from which your student is withdrawn.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: Tammy Lutze
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 select update on the Online registration form or fill out a “Change of Address Form.” If you have questions concerning this form, please call (785) 296-6066 or email tlutze@ksde.org.

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

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**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: ____________________

Revised 5/1/2019  *If available  No confirmation will be sent