



**Kansas Educational Leadership Institute  
Enrollment/Contact/Intent Form 2023-2024**



Superintendent/Assistant Superintendent/Special Education Director/Assistant Director  
[keli@k-state.edu](mailto:keli@k-state.edu), 785-532-5758, 363 Bluemont Hall, 1114 Mid Campus Dr N, Manhattan KS 66506

**PLEASE COMPLETE ALL SECTIONS:**

First Name			
Last Name			
USD Number & Name			
Select your title ↓	KELI Year 1 ↓	<u>OR</u>	KELI Year 2 ↓
Superintendent <input type="checkbox"/>	<input type="checkbox"/> Year 1		<input type="checkbox"/> Year 2
Asst Superintendent* <input type="checkbox"/>	<input type="checkbox"/> Year 1		<input type="checkbox"/> Year 2
Spec Ed Director <input type="checkbox"/>	<input type="checkbox"/> Year 1		<input type="checkbox"/> Year 2
Asst Spec Ed Director <input type="checkbox"/>	<input type="checkbox"/> Year 1		<input type="checkbox"/> Year 2

If \*Assistant Superintendent, circle/indicate any additional duties from list below:

- |   |   |
|---|---|
| <input type="checkbox"/> Curriculum & Assessment            | <input type="checkbox"/> Dir of Elementary Ed                   |
| <input type="checkbox"/> Professional Learning              | <input type="checkbox"/> Dir of Secondary Ed                    |
| <input type="checkbox"/> Finance                            | <input type="checkbox"/> Stu Support Srvc (At-risk ELL Migrant) |
| <input type="checkbox"/> Operations (Food Srvc & Transport) | <input type="checkbox"/> Other (specify)                        |

District Address:

Street	
City Zip	
Email	
Telephone	

For Asst Supt or Asst Director: please provide your Superintendent/Director's:  
Name: \_\_\_\_\_ Email address: \_\_\_\_\_

What District license do you hold currently? (*Please send us copy of license with your enrollment form*)

- Initial    or     Professional    or     License Pending

**District Level Enrollment fee: Year One = \$2,080    Year Two = \$1,200**

Scan and email the following items to: [keli@ksu.edu](mailto:keli@ksu.edu)

1. Completed and signed form
2. Copy of current district license
3. Your picture for KELI files/recognition

**CONSENT OF RELEASE:**

By my personal signature below, I hereby grant the College of Education at Kansas State University and their agents, successors, and/or clients, permission to use my image or likeness, name and/or comments for promotional materials. I understand that my image or likeness, name and/or comments may be reproduced in the form of photographs, video, still video, or elements of graphic design and such likeness may be developed, stored, digitally recorded, reproduced, and/or distributed as print, video, web, and/or CD/DVD. I understand that you may share my directory information with others who are interested in the KELI program. I understand that if I am under the age of 18 years I must have consent of my parent or legal guardian.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_