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| Kansas Educational Leadership Institute Enrollment/Contact/Intent Form 2025-2026Superintendent/Assistant Superintendent/Special Education Director/Assistant Director KELI@ksu.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↓ | OR | KELI↓ | Year 2 |
| **Superintendent** | Year 1 | Year 2 |
| **Asst Superintendent\*** | Year 1 | Year 2 |
| **Spec Ed Director** | Year 1 | Year 2 |
| **Asst Spec Ed Director** | Year 1 | Year 2 |
| If \*Assistant Superintendent, circle/indicate any additional duties from list below: Curriculum & Assessment Dir of Elementary EdProfessional Learning Dir of Secondary EdFinance Student Support Service (At-risk ELL Migrant)Operations (Food Service & Transport) 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?Initial or Professional or License Pending |
| **District Level Enrollment fee: Year One = $2,500 Year Two = $1,250** |
| **Scan and email the following items to**: keli@ksu.edu1. Completed and signed form
2. Your picture for KELI files/recognition

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| Signature: |  |  | Date: |  |  |