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| Kansas Educational Leadership Institute Enrollment/Contact/Intent Form 2025-2026  Superintendent/Assistant Superintendent/Special Education Director/Assistant Director [KELI@ksu.edu,](mailto: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 Ed  Professional Learning Dir of Secondary Ed  Finance 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.edu](mailto:keli@ksu.edu)   1. Completed and signed form 2. Your picture for KELI files/recognition | | | | | |
| Signature: |  |  | Date: |  |  |