

KSDE INTERNAL USE ONLY				
LEGAL	M & E +	SIGNATURE	FEE	SS#
SEND BACK	RAP	EXPIRATION	FP IN	VERIFIED BY

**WHAT YOU NEED TO KNOW ABOUT THE APPLICATION:**

- Additional information and supporting documentation may be needed during the review of your application.
- You will be issued the highest level of license you qualify for based on the documentation submitted.
- Check boxes at the end of each Step will help ensure that you submit appropriate documents

**STEP 1: APPLICANT INFORMATION**

Complete all Data Fields and Answer all Professional Conduct Questions.

Social Security Number		Birthdate (MM/DD/YYYY)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
LEGAL NAME: First Name		Middle Name		Last Name	
All prior names (Maiden, alias, previous married, etc.)					
Mailing Address					
City		State		Zip	
Phone		Alt Phone		Email Address	
Ethnicity (mark only if applicable)		Race (mark one or more as applicable)			
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Choose not to designate		

**Please read the following questions very carefully. Failure to accurately answer these questions or submit appropriate documents will delay the issuance of your license. Unless expunged, you are required to disclose both adult and juvenile offenses.**

a. Have you **EVER** been convicted of a felony?  NO  YES *If yes, please attach a certified copy of the following documents:*  
 • Charging document  
 • Journal entry of conviction

b. Have you **EVER** been convicted of **ANY** crime involving theft, drugs, or a child?  NO  YES *If yes, please attach a certified copy of the following documents:*  
 • Charging document  
 • Journal entry of conviction

c. Have you **EVER** entered into a diversion agreement or otherwise had a prosecution diverted after being charged with any felony or any crime involving theft, drugs, or a child?  NO  YES *If yes, please attach a certified copy of the following documents:*  
 • Charging document  
 • Diversion agreement  
 • Journal entry closing that case

d. Are criminal charges pending against you in any state involving any felony or any crime involving theft, drugs, or a child?  NO  YES *If yes, please attach a certified copy of the*  
 • Charging document

e. Have you had a teacher's or school administrator's certificate or license denied, suspended, revoked or been the subject of other disciplinary action in any state?  NO  YES *If yes, please indicate the action taken:*  
 Denied  
 Suspended  
 Revoked

*Which State(s): \_\_\_\_\_  
 Please attach a copy of the documents regarding the official action taken.*

f. Is disciplinary action pending against you in any state regarding a teacher's or administrator's certificate or license?  NO  YES *If yes, please attach a copy of the official documents regarding the action pending against you.*

g. Have you ever been disbarred or had a professional license or state issued certificate denied, suspended, revoked or been the subject of other disciplinary action regarding any profession in Kansas or any other state?  NO  YES *If yes, please indicate the action taken:*  
 Denied  
 Suspended  
 Revoked  
 Which State(s): \_\_\_\_\_  
*Please attach a copy of the official documents regarding the action taken against you.*

h. Have you ever been terminated, suspended, or otherwise disciplined by a local Board of Education for falsifying or altering student tests or student test scores?  NO  YES *If yes, which district(s)? \_\_\_\_\_*  
 When? \_\_\_\_\_

i. Have you ever falsified or altered assessment data, documents, or test score reports required for licensure?  NO  YES *If yes, what State(s)? \_\_\_\_\_*  
 When? \_\_\_\_\_

## STEP 2: EDUCATION HISTORY

### WHAT YOU NEED TO KNOW ABOUT EDUCATION HISTORY:

- Official paper transcripts **OR** electronic transcripts are accepted.
- Electronic transcripts must be sent directly from the college or university system to the following email address: [etranscripts@ksde.org](mailto:etranscripts@ksde.org)
- Transcripts of all degrees earned **MUST** be submitted. Additional transcripts may be required based on education history.

#### LIST ALL THE COLLEGES/UNIVERSITIES YOU ATTENDED.

COLLEGE/UNIVERSITY NAME	CITY, STATE	DID YOU EARN A DEGREE?
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____
_____	_____	<input type="checkbox"/> NO <input type="checkbox"/> YES, year earned: _____

**OFFICIAL TRANSCRIPTS MUST BE SENT TO THE KANSAS STATE DEPARTMENT OF EDUCATION FOR ANY DEGREES EARNED.**

#### CHOOSE **ONE**:

I am including official paper transcripts with my application (*No photocopies*).

**OR**

My college/university submitted electronic transcripts directly to the following email address: [etranscripts@ksde.org](mailto:etranscripts@ksde.org)

#### SELECT **ALL** OF THE FOLLOWING THAT APPLY:

I am applying for a Teaching License.

I am applying for a School Counselor, School Psychologist, Library Media Specialist, or Reading Specialist license.

I am applying for a Principal or Superintendent License.

List the teaching, leadership and/or specialist endorsements that you are applying for in Kansas.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## STEP 3: OUT-OF-STATE LICENSE

You must hold an **UNEXPIRED** (*currently in effect*) license/certificate from another state to apply for a license.

If you do not hold an unexpired license from another state

**STOP**

contact Kansas State Department of Education at (785) 296-2288 for further instructions.

### WHAT YOU NEED TO KNOW ABOUT OUT-OF-STATE LICENSE(S)

- Any one of the following may be used to verify an out-of-state license:
  - Photocopy of license
  - Printed history of licenses from a state website
  - Letter from an out-of-state department of education verifying license history
- You may be required to submit copies of prior licenses based on your experience history (Step 5).

I included a copy of an **UNEXPIRED** license/certificate from another state.

## STEP 4: EDUCATOR PREPARATION PROGRAM VERIFICATION

Verification of the type of program you completed is required to complete the licensure process.

The Form 2a on page 9 is used to verify program completion. You may mail, fax or email Form 2a to the appropriate dean/licensure officer/alternative program representative for completion.

### WHAT YOU NEED TO KNOW ABOUT PROGRAM VERIFICATION

- The Form 2a on page 9 is used for program verification.
- You may fax, mail or email the Form 2a to the appropriate dean/licensure officer/alternative program representative.
- If you completed programs at more than one college/university, you will need to submit a Form 2a to each.
- The dean/licensure officer/alternative program representative may verify completion of multiple programs on the same form.
- The dean/licensure officer/alternative program representative must return the completed, signed Form 2a back to you, or they may submit the Form 2a as an email attachment to the following email address: [Form2a@ksde.org](mailto:Form2a@ksde.org)

### CHOOSE ONE:

I am including the original signed Form 2a.

OR

The program representative will send Form 2a electronically as an email attachment to [Form2a@ksde.org](mailto:Form2a@ksde.org)

## STEP 5: EXPERIENCE VERIFICATION

Experience may qualify you for a higher level license and may exempt you from testing requirements.

### WHAT YOU NEED TO KNOW ABOUT EXPERIENCE

- The Verification of Experience Form is used to verify experience (See Page 11).
- You may mail, fax or e-mail the Verification of Experience Form to the appropriate school district administrator or private school administrator for completion.
- The school district administrator or private school administrator may mail the form back to you OR may submit the form as an e-mail attachment to the following e-mail address: [experienceform@ksde.org](mailto:experienceform@ksde.org)

**CHOOSE ONE:**

I do not have any experience – **STOP** → Skip to Step 6.

**OR**

I have experience – complete the table below, and use the Verification of Experience Form to verify experience.

EMPLOYING SCHOOL SYSTEM AND STATE	PUBLIC/ NON-PUBLIC	EMPLOYED AS:	TOTAL YEARS EMPLOYED	DID YOU HAVE A LICENSE? <i>* If so provide a photocopy of the license with the application</i>
_____	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
_____	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
_____	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
_____	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No
_____	<input type="checkbox"/> Public <input type="checkbox"/> Non-Public	<input type="checkbox"/> Teacher <input type="checkbox"/> Administrator <input type="checkbox"/> Other	_____	<input type="checkbox"/> Yes* <input type="checkbox"/> No

**CHOOSE ONE:**

I am including the original signed Verification of Experience Form(s).

**OR**

Verification of Experience Form(s) will be sent directly from employing school district or private school as an email attachment to [experienceform@ksde.org](mailto:experienceform@ksde.org).

**YOU MUST SUBMIT PHOTOCOPIES OF LICENSES HELD DURING VERIFIED EXPERIENCE.**

**CHOOSE ONE:**

I am including a photocopy of any license/certificate held during the experience I verified.

**OR**

I did not hold a license/certificate during any of my experience.

## STEP 6: TESTING REQUIREMENTS

### WHAT YOU NEED TO KNOW ABOUT TESTING

- Kansas requires content and pedagogy (professional teaching skills) tests.
- Comparable out of state content and pedagogy tests are accepted.
- You may still qualify for a license allowing full-time employment even if it is determined you need one or more tests. This allows you time to complete testing while teaching.
- Kansas does **NOT** require basic skills testing in reading, math and writing for licensure.
- Any one of the following will be accepted as official test score verification:
  - An official score report
  - A letter of verification on official letterhead from a college/university licensure officer or state department of education
  - Provide Kansas State Department of Education access information to an online testing website or state department of education website
  - Request Praxis scores to be sent electronically by Education Testing Services (ETS) - **KSDE score recipient code is 7270**
  - ETS will **only** provide KSDE with electronic scores for tests that Kansas has validated as a Kansas licensure test. If you completed an ETS test not used by Kansas you will need to provide score validation utilizing one of the other options.  
Look up Kansas Test Requirements at [www.ETS.org/praxis/ks/requirements](http://www.ETS.org/praxis/ks/requirements)

**6a: CHOOSE ONE OF THE FOLLOWING TO DETERMINE IF YOU REQUIRE TEST SCORES:**

I have less than three years of experience – Test scores are required. **Continue through Step 6b.**

**OR**

I have **three** or more years of experience within the last six years–Test scores are not required. **STOP** → **Skip to Step 7.**

**OR**

I have a total of **five** or more years of experience – Test scores are not required. **STOP** → **Skip to Step 7.**

**6b: CHOOSE ONE:**

I have not completed any content and/or pedagogy testing – **STOP** → **Skip to Step 7.**  
*(You will not be exempted from testing, but you may qualify for a temporary license to allow time to complete required Kansas test(s) while teaching full-time.)*

**OR**

I have completed content and/or pedagogy testing – **Continue through Step 6d.**  
*(If you have not completed both a content and pedagogy test you may qualify for a temporary license to allow time to complete required Kansas test(s) while teaching full time.)*

**6c:**

TEST NAME	TEST TYPE	STATE FOR WHICH TESTING WAS COMPLETED
	<input type="checkbox"/> Content test <input type="checkbox"/> Pedagogy test	
	<input type="checkbox"/> Content test <input type="checkbox"/> Pedagogy test	
	<input type="checkbox"/> Content test <input type="checkbox"/> Pedagogy test	

**VERIFICATION OF TEST SCORES IS REQUIRED.**

**6d: CHOOSE ONE OF THE FOLLOWING METHODS OF VERIFYING YOUR TEST SCORES:**

I am including an official score report. (Official score reports\* will be returned after application is processed)

\* An **official score report** is a physical report mailed to you by the testing company in a sealed envelope. **Printouts that you access are unofficial and cannot be accepted.**

**OR**

I am including a letter verifying my scores on official letterhead from the University Licensure Officer or the state agency responsible for the licensure tests taken.

**OR**

I am including access information to view test scores directly from an online testing agency website or state department of education website.

Website (URL) \_\_\_\_\_

Username: \_\_\_\_\_

Password: \_\_\_\_\_

## STEP 7: VERIFICATION STATEMENT AND SIGNATURE

### SIGNATURE AND DATE REQUIRED

I certify that I am of good moral character and that the information on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of facts may result in the denial or revocation of my certificate or license.

I hereby grant the permission and authorize the Kansas State Department of Education to verify all responses with any mental health facility or governmental agency including a release of any information concerning myself in the child abuse and neglect central registry records, and to obtain and review all records maintained by any criminal justice agency, including a criminal history record information check, regarding any of my criminal charges, adjudications or convictions, and to contact previous employers for information regarding the term of my employment. I hereby release, discharge and exonerate the Kansas State Department of Education, its employees and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing of such records and information. I understand that any material submitted in connection with this application will become the property of the Kansas State Department of Education and may be considered a public record.

### AND

I hereby give my employing school district and verifying licensing institution permission to release any and all information needed.

Applicant Printed Name

Last 4 digits of Social Security Number

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

## STEP 8: VERIFICATION OF HIRE BY A KANSAS DISTRICT

If you have been hired by a Kansas school district, please have this form completed.

**OR**

If you have not yet been hired but are seeking employment with a Kansas school district, please keep this form in the event that you are hired. If at that time, your application for licensure is still pending with KSDE, please have this form completed.

**OR**

I have not been hired by a Kansas school district and I am not currently seeking employment with a Kansas school district.

**A district administrator must verify employment by completing the table below and signing.**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Last 4 digits of Social Security Number

The above named applicant will be employed by the \_\_\_\_\_ school system  
for the \_\_\_\_\_ school year.

<b>ASSIGNMENT:</b> List specific assignments below ( <i>Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.</i> )	<b>GRADE LEVEL</b>	<b>EMPLOYMENT IS:</b>
_____	_____	<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
_____	_____	
_____	_____	
_____	_____	

\_\_\_\_\_  
Administrator's Name

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Signature of District Representative/Title

\_\_\_\_\_  
Date

If applicable, mail to:

Teacher Licensure and Accreditation  
 Kansas State Department of Education  
 Landon State Office Building  
 900 S.W. Jackson Street, Suite 106  
 Topeka, KS 66612-1212

## STEP 9: APPLICATION PROCESSING FEE

- **\$70.00 Application Processing Fee** is due payable to the Kansas State Department of Education.
- Money order or cashier's check preferred. Personal checks accepted. **DO NOT SEND CASH.**
- Processing fee **CANNOT** be refunded and does not guarantee a license will be issued.

PLEASE VERIFY:

- I am including the **\$70.00** Application Processing Fee.

### ADDITIONAL INFORMATION

- All programs must be verified using the Form 2a Verification of Educator Preparation Program:
  - School Counselor License
  - School Psychologist License
  - Library Media Specialist
  - Reading Specialist
  - Principal License
  - Superintendent License

If you are applying for one of the licenses above and a teaching license, Form 2a Verification of Educator Preparation Program **MUST** be **completed** for the teaching program along with any of the above.

- A fingerprint background check is required. Please refer to the **Fingerprint Frequently Asked Questions Form** (refer to page 13) for complete fingerprint information.



**VERIFICATION OF EDUCATOR PREPARATION PROGRAM**

**A: TO BE COMPLETED BY THE APPLICANT**

**APPLICANT:**

- Complete Applicant section
- Mail, fax, or email the Verification of Educator Preparation Program to the appropriate Dean, Licensure Officer or Alternative Program Representative. Coordinate submission of Form 2a with the appropriate representative.

Last 4 digits of Social Security Number	Birthdate (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LEGAL NAME: First Name	Middle Name	Last Name
All prior names (Maiden, alias, previous married, etc.)		
Mailing Address		
City	State	Zip
Phone	Alt Phone	Email Address

**B: TO BE COMPLETED BY THE PROGRAM REPRESENTATIVE**

**DEAN, LICENSURE OFFICER or ALTERNATIVE PROGRAM REPRESENTATIVE:**

- Please complete and sign.
  - Return the completed, signed hard copy in a sealed official school envelope to the Applicant.
- OR**
- Email as attachment to [Form2a@ksde.org](mailto:Form2a@ksde.org). Coordinate submission with the applicant.

College/University or Alternative Program Name			
Name of Program Representative	Title/Position	Phone	Email Address
Mailing Address			
City	State	Zip	
List applicant's Subject or endorsement(s) area and grade level(s) Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.			
SUBJECT/ENDORSEMENT AREA(S)	GRADE LEVEL	DATE PROGRAM COMPLETED	

I verify the applicant completed preparation program(s) approved by the state of \_\_\_\_\_; in the area(s) and at the level(s) verified. The approved program(s) was in effect during the applicant's period of program completion.

\_\_\_\_\_  
Signature of Program Representative \_\_\_\_\_  
Date

## C: SPECIAL EDUCATION COMPETENCIES

### TO BE COMPLETED BY THE PROGRAM REPRESENTATIVE

APPLICANT NAME:

LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:

If a special education program was the initial program completed (the candidate has **NOT** completed a program to teach general education), the special education program must have a professional education component that allows students to acquire competency in the following:

- A. The learner and learning: learner development, learning differences, and learning environments;
- B. Content: content knowledge and application of content;
- C. Instructional practice: assessment, planning for instruction, and instructional strategies;
- D. Professional responsibility: professional learning and ethical practice, leadership, and collaboration;
- E. The ability to apply the acquired knowledge to teach general education students.

By signing below, I verify the completed special education program meets requirements above.

\_\_\_\_\_  
Signature of Program Representative

\_\_\_\_\_  
Date



# VERIFICATION OF ACCREDITED EXPERIENCE

**ACCREDITED EXPERIENCE** means experience gained, under contract, in a school accredited by the state board or a comparable agency in another state, while the educator holds a license with an endorsement valid for the specific assignment. A year of experience means accredited experience that constitutes one-half time or more in one school year.

## A: TO BE COMPLETED BY THE APPLICANT

Last 4 digits of Social Security Number	Birthdate (MM/DD/YYYY)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
LEGAL NAME: First Name	Middle Name	Last Name
All prior names (Maiden, alias, previous married, etc.)		
Mailing Address		
City	State	Zip
Phone	Alt Phone	Email Address

## B: TO BE COMPLETED BY EMPLOYING SYSTEM

**SCHOOL DISTRICT OR PRIVATE SCHOOL ADMINISTRATOR:**

- Please complete and sign.
- Return the completed, signed hard copy in a sealed official school envelope to the Applicant **OR** email as attachment to [experienceform@ksde.org](mailto:experienceform@ksde.org). Coordinate submission with the applicant.

Name of School System		
State Accredited School and/or District?	<input type="checkbox"/> YES <input type="checkbox"/> NO	(if not state accredited, please attach verification of accreditation status)
Name of School/District Administrator	Title/Position	Phone
Mailing Address		
City	State	Zip

I verify the above applicant was employed in our school system as listed below and the applicant's employment qualified as accredited experience:

BEGINNING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)	ENDING DATE OF QUALIFYING EMPLOYMENT (MM/DD/YYYY)	QUALIFYING ASSIGNMENT: List specific assignments below ( Examples: Elementary Education K-6, Science 5-8, Principal PreK-12, School Counselor PreK-12, Reading Specialist PreK-12 etc.)	GRADE LEVEL	EMPLOYMENT IS:
				<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time
				<input type="checkbox"/> full time under contract <input type="checkbox"/> at least 0.5 FTE but less than full-time <input type="checkbox"/> less than half-time

Signature of District Representative

Date

The Kansas State Department of Education does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: KSDE General Counsel, Office of General Counsel, KSDE, Landon State Office Building, 900 SW Jackson, Suite 102, Topeka, KS 66612, (785) 296-3204



Teacher Licensure and Accreditation - Kansas State Department of Education  
 Landon State Office Building, 900 SW Jackson Street, Suite 106  
 Topeka, KS 66612-1212

(785) 296-2288  
 (785) 296-7933 - fax

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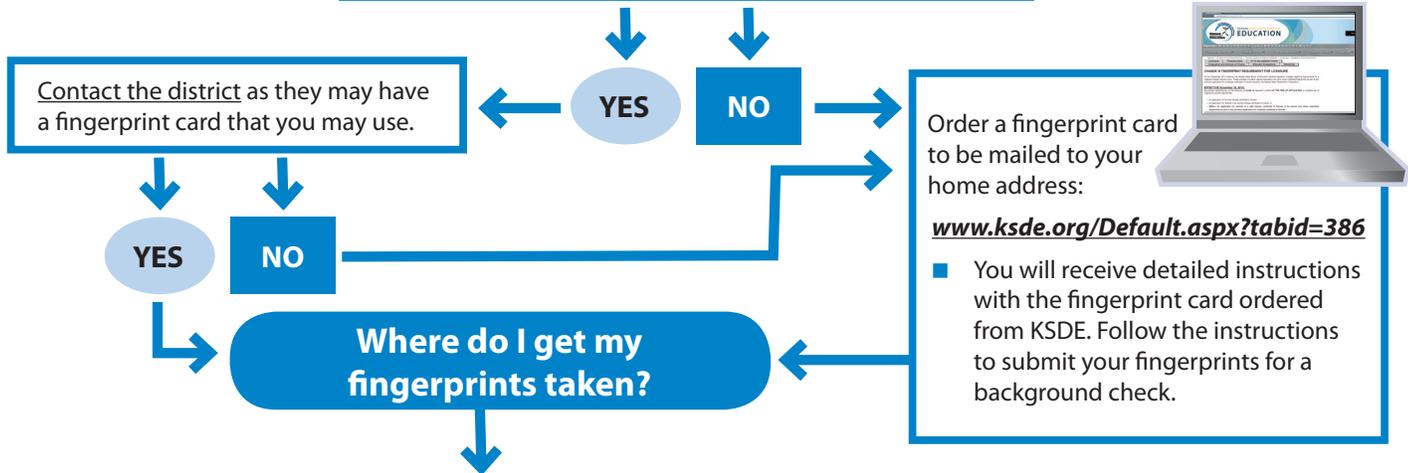
(785) 296-2288  
(785) 296-7933 - fax



# FINGERPRINT INFORMATION AND INSTRUCTIONS:

Where do I get a fingerprint card?

Are you working with a Kansas school district?



Order a fingerprint card to be mailed to your home address:

[www.ksde.org/Default.aspx?tabid=386](http://www.ksde.org/Default.aspx?tabid=386)

- You will receive detailed instructions with the fingerprint card ordered from KSDE. Follow the instructions to submit your fingerprints for a background check.

- Any law enforcement agency or properly trained school personnel can take your prints.
- Contact your local law enforcement agency BEFORE you go.** Confirm whether an appointment is required or if walk-ins are accepted and if there is a charge for the service.
- Districts wanting to have personnel trained to take prints should contact the Kansas Bureau of Investigation (KBI) for information.

Is there a fee?

YES

- A **\$50** fingerprint fee must be submitted with the fingerprint card.
- The fingerprint fee should be **submitted as a separate payment** (separate check or money order) from the application fee that is submitted with the license application. **DO NOT combine the fingerprint fee with the application fee on one payment.**
- Check or Money order should be made out to KSDE.**

Your Name	1025
Address	
City, State Zip Phone #	DATE _____
PAY TO THE ORDER OF: <b>KSDE</b>	\$ <b>50.00</b>
	DOLLARS
<b>Fingerprint fee</b>	
I : 123456789	I : 12345689 I : 1025



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