School or Organization Data Change Request Form

Please Select one of the Following Options:

☐ Simultaneous Activation/Deactivation of Schools – (Complete Sections I, II, III & IV)
☐ Creation/Activation of single School/Organization – (Complete Sections I, II & III)
☐ Closure/Deactivation of single School/Organization – (Complete Section IV)
☐ Update to Record for Existing School/Organization – (Complete Sections I, II & III)

(For additional comments/details or requests outside of these options, please use Section V)

If requesting the creation of a new record, please provide all available data in the appropriate fields & sections. If requesting update(s) to an existing record, please provide School #/KDE Code in Section I, and provide data only for those fields being updated.

----------**Section I**----------

Organizational Info. for New or Updated Record:

*** Current School Name:**
New School Name ***(If applicable):***
*** Congressional District:** 1
Effective Date (MM/DD/YYYY**):**
*** Federal Org. Code:**
*** School Ownership:**
Early Child Education School
Public District School
*** School Type:**
School Schedule Type:
General Program or Multi-Grade
Seven Period Day
*** District Number:**
School / Location #: ← ***(Required for updates to existing schools only)***
*** Grades:** ☐ P ☐ 2nd ☐ 5th ☐ 8th ☐ 11th
☐ K ☐ 3rd ☐ 6th ☐ 9th ☐ 12th
☐ 1st ☐ 4th ☐ 7th ☐ 10th

Requester Contact Info.

*** Name of Approving Superintendent:**
*** Superintendent Phone #:**
Contact Name: ***(If other than Superintendent)***
Contact Phone #: ***(If other than Superintendent)***

****Minimum data elements required for creation of a new record.***

----------**Section II**----------

Mailing Address for New or Updated Record:

Mailing Address Line 1:
Mailing Address Line 2:
P.O. Box: ***(If applicable)***
City: **State:** KY **ZIP Code:** -
School Phone #: ( ) -

----------**Section III**----------

Physical Location Address for New or Updated Record:

(Required only if different from mailing address)

Address Line 1:
Address Line 2:
City: **State:** KY **ZIP Code:** -

----------**Section IV**----------

Identifying Info. For School Closure/Deactivation:

School Name:
School # / KDE Code: **Effective Date of Closure (**MM/DD/YYYY**):**

----------**Section V**----------

Comments or Additional Request Details:

For any questions regarding your request, or the use of this form, please contact Lori Davis.
lori. davis@education.ky.gov / (502) 564-5279 ext. 4457

Form last updated on January 26, 2009