

# School Site Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Kentucky Immunization Registry (KYIR) account for your organization. Completed forms can be sent to [KYIRHelpdesk@ky.gov](mailto:KYIRHelpdesk@ky.gov) as a pdf attachment. If you have questions regarding this form, please contact the KYIR Help Desk at (502)564-0038 or [KYIRHelpdesk@ky.gov](mailto:KYIRHelpdesk@ky.gov).

School Name:

School District (if applicable):

School Mailing Address:

Street

City

County

State

Zip Code

School Physical Address:

City

County

State

Zip Code

School Immunization Contact Person:

Title:

Business Phone

Fax #:

E-mail address:

**Is your school public or private?**  Public  Private  Daycare

*Due to the Family Educational Rights and Privacy Act (FERPA), please ensure you have parental/ guardian consent before adding, editing, or updating a student's record.*

*If you are interested in accessing KYIR, please fill out the user registration form, which can be found here: [https://kyir.chfs.ky.gov/webiznet\\_kyir/UserRegistration/NewRegistration](https://kyir.chfs.ky.gov/webiznet_kyir/UserRegistration/NewRegistration). Forms must be completed by the individual needing access to the Kentucky Immunization Registry.*

