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 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.

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. Forms must be completed by the individual needing access to the Kentucky Immunization Registry.

WEBIZ Kentucky Immunization Registry

Revised 10/2025