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**09****Students**

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**Home Schooling Notification****Please return the completed form to the Director of Pupil Personnel at the School Office.**

This letter is to inform you that my child/children will be participating in a home schooling program. The beginning date for participation in this program will be \_\_\_\_\_.

**Month   Day   Year**

Following is the home school address and the names and ages of the students who will be participating:

**STUDENTS' NAME(S) AND DATE OF BIRTH:**

**CURRENT SCHOOL:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HOME SCHOOL ADDRESS:**

<b><u>Name</u></b>	<b><u>Street</u></b>	<b><u>State</u></b>	<b><u>ZIP Code</u></b>
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The DPP/designee offered to meet with me and explain the legal requirements that apply to home schools. It is further acknowledged that this notice of intent to provide home schooling shall be binding from the effective date stated above and shall remain in full force for no longer than to the end of the current or upcoming school year, whichever is first. This notice may be dissolved upon enrollment or re-enrollment of the above named child(ren) in a school in the District or any other public or private school. At such time a home-schooled child re-enrolls in the District, it is understood that certified personnel of the school system shall either place the student according to successful performance in courses that are sequential such as English, math, history, and science or conduct tests similar in nature and content to that used for other students receiving credit in that subject. Once assessment of the child's educational development is completed, a final determination of grade placement will be made. KRS 158.140, 704 KAR 3:307

_____ <i>Signature of Father/Legal Guardian</i>	and/or	_____ <i>Signature of Mother/Legal Guardian</i>
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\_\_\_\_\_  
*Telephone (Home and Work)*

\_\_\_\_\_  
*Telephone (Home and Work)*

\_\_\_\_\_  
*Address (if different than student's)*

\_\_\_\_\_  
*Address (if different than student's)*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, ZIP*

**Home Schooling Notification****PROCEDURE**

The DPP/designee will offer to meet with the home school teacher to review legal requirements and request a copy of the home school curriculum from the home school teacher. The DPP/designee shall use the summary below as a guideline for discussing topics with a prospective home school teacher.

**SUMMARY OF REQUIREMENTS**

Home school teachers are required by state law to do the following:

- Teach the child reading, writing, spelling, grammar, history, math, and civics. KRS 156.160
- Provide no fewer instructional days than required in current state law.
- Maintain attendance records. KRS 159.040
- Maintain academic records. It is suggested that you maintain a portfolio (compilation) of the child's best work from year to year. KRS 159.040/KRS 156.160
- Make records available in case of inquiry. KRS 159.040
- Make sure that children between the ages of six (6) and sixteen (16) shall attend an educational institution as described in Kentucky compulsory attendance law. KRS 159.010

Parents of home-schooled students are required by state law to do the following:

- If moving from the District, notify the Superintendent in writing. KRS 159.160
- After notifying the Superintendent of intent to home school, continue to notify the Superintendent each school year prior to the opening of the new school year if planning to continue the home school for the new school year. KRS 159.160

Review/Revised:

**Student Enrollment and Homeless/Immigration Status****IMMIGRANT STATUS**

The Principal/designee shall notify school staff that a student's right to enrollment does not depend on his/her or the parent/guardian's immigration status.

School personnel should not engage in any practice that would inhibit or discourage an unauthorized alien student or any other student from attending.

**HOMELESS STUDENTS**

The term "homeless" shall refer to children and youths who lack a fixed, regular and adequate nighttime residence and includes those that are:

1. Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason;
2. Living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations;
3. Living in emergency or transitional shelters;
4. Abandoned in hospitals;
5. Awaiting foster care placement;
6. Residing in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
7. Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and/or
8. Migratory children who are living in the previously described circumstances.

**GUIDELINES FOR ENROLLMENT**

1. In general, only minimal information, such as name and age, can be required to enroll any student in school.
2. Types of reliable proof of a student's identity and age may include, but are not be limited to:
  - Passport
  - Military identification or immigration card
  - Baptismal certificate
  - Copy of the record of baptism that has been notarized or duly certified and reflects the date of the student's birth
  - Any religious record authorized by a religious official
  - Recording of the student's name and birth in a family Bible or other religious text
  - Notarized statement from the parents or another relative or guardian as to the date of the student's birth
  - Prior school record indicating the date of the student's birth

**Student Enrollment and Homeless/Immigration Status****GUIDELINES FOR ENROLLMENT (CONTINUED)**

- Driver's license or learner's permit
  - Adoption record
  - Affidavit of identity and age
  - Any government document or court record reflecting the date of the student's birth
  - Oral proof when the native language of a parent or guardian is not a written language.
3. A student's exact date of birth (month, day and year) is not required for initial enrollment.
  4. When a student is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs and street outreach programs may offer proof of age and identity of a student for initial enrollment purposes.
  5. The District homeless student coordinator shall assist homeless students to obtain essential records that are not in existence so that enrollment shall not be delayed or denied.
  6. To the extent possible, the District homeless student coordinator shall attempt to provide required notices to non-English speaking parents via written language understandable to the general public and in the native language or other mode of communication of the parent with documentation of the attempt. If the native language of the parent is not a written language, the coordinator should take steps to ensure that the notice is translated orally or by other means so that the parent understands the content of the notice and that there is written evidence of the translation to the extent possible with documentation of the attempt.

Review/Revised:

## Notice of Expulsion/Conviction

In compliance with the Board policy requirements explained below, I swear or affirm that I am the parent/legal guardian of \_\_\_\_\_, who was expelled and/or

*Student's Name*

adjudicated guilty/convicted as noted below.

Date Enrollment Requested: \_\_\_\_\_

Board policy requires that parents, guardians, Principal, or other persons or agencies responsible for a child complete the following section for a student who has previously been expelled from a public or private school in this or another state or who has been adjudicated guilty/convicted of crimes. This form must be sent to the receiving school within five (5) working days of the time when the student requests enrollment in the new school.

**Check the reason(s) that apply:**

- ☐ Homicide
  - ☐ Assault
  - ☐ Sex offense
  - ☐ Violation of Law Relating to Weapons
  - ☐ Violation of School Regulation Relating to Weapons
  - ☐ Violation of Law Relating to Alcohol
  - ☐ Violation of Law Relating to Drugs
  - ☐ Violation of School Regulation Relating to Alcohol
  - ☐ Violation of School Regulation Relating to Drugs
  - ☐ Any violent offense that resulted in death or serious physical injury to victim

My child was expelled from: \_\_\_\_\_ in \_\_\_\_\_  
*Name of School* *City*

Name of School

City

County

## State

The facts of any expulsion or adjudication/conviction are as follows (attach separate sheet if needed): \_\_\_\_\_

*I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete.*

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**Parent/Guardian's Signature**

Date \_\_\_\_\_

**Witness's Signature**

Date \_\_\_\_\_

Review/Revised:

**Entrance Age****PRINCIPAL'S RESPONSIBILITY**

Principals are responsible for administering the following entrance requirements related to age and health status of a student:

- *Proof of Age and Identity* - Each pupil entering any elementary for the first time shall present evidence of age by means of a birth certificate or other reliable proof of the student's identity and age. If a birth certificate is not presented, an affidavit of the inability to produce a copy of the birth certificate must be given.
- *Proof of Immunization* - Upon enrollment, each pupil entering preschool or kindergarten for the first time shall present evidence of immunization by means of a doctor's certificate or a certificate from the Public Health Service.
- *Preventative Health Care and Vision Examinations* - Within one (1) year prior to initial admission to school, each student entering preschool or kindergarten shall undergo a preventative health care examination, which shall be documented on the state-required form.

Also upon enrollment, each student entering the first year of public school, public pre-school or Head Start must undergo a vision examination as required by applicable statute and regulation and provide the school with the required form by January 1 of the first year of enrollment. Evidence of a dental screening or examination shall be required to be submitted by January 1 of the first year that a five- and six-year-old student is enrolled in the District.

**PRINCIPALS TO REPORT**

Principals are to report to the Superintendent/designee the names of those children who do not present acceptable evidence of age and required immunizations and examinations.

**FAILURE TO PROVIDE**

Except for vision examination forms and dental examination forms as noted above, which are due by January 1 of the first year of enrollment, failure to provide the remaining required documentation within thirty (30) calendar days after enrollment may constitute reason for appropriate action.

**RELATED PROCEDURE:**

09.12 AP.1

Review/Revised:



**Request for 504 Shortened School Day**

SCHOOL YEAR \_\_\_\_\_

This form shall be kept on file in the District for auditing purposes.
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Requesting Party: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Submitted to Principal: \_\_\_\_\_

On this Date: \_\_\_\_\_

**STUDENT DATA:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Disability: \_\_\_\_\_

School: \_\_\_\_\_

**SECTION 504 CHAIRPERSON/SUPERINTENDENT'S DESIGNEE:**

Name: \_\_\_\_\_ Other Job Title(s): \_\_\_\_\_

**PERSON(S) TO MONITOR PLAN:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**LENGTH OF SCHOOL DAY**

1. What is the typical
- beginning
- and
- ending
- time for students in this school?

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

2. What are the
- beginning
- and
- ending
- times the 504 team has determined for this student?

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

3. Explain the reason(s) why this student requires a shortened school day:

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4. Is this student returning to school after being in a Home/Hospital Instruction Program?

☐ Yes ☐ No If yes, please describe circumstances:

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**Request for 504 Shortened School Day**

5. Identify steps the 504 Team will take to promote full attendance for this student in the future.

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6. Has a shortened school day been requested for this student in previous school years?

☐ Yes      ☐ No

If yes, list the previous school year(s): \_\_\_\_\_

7. Is there a signed physician statement?    ☐ Yes    ☐ No

<b>IMPORTANT</b>
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The District shall maintain the following documentation for all shortened school days approved by the Board:

- Approval by the Board (Student confidentiality procedures must be followed when listing student information in Board minutes.);
- Minutes of the 504 Team meeting documenting the decision that a shortened school day is needed;
- A copy of the student's Section 504 Accommodation Plan documenting the shortened school day; and
- A copy of the physician statement of the supporting medical need.

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Board Approved Request:    ☐ Yes    ☐ No    Date: \_\_\_\_\_

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Review/Revised:



**Family Educational Rights and Privacy Act Definitions**

Although this listing is not intended to take the place of the complete FERPA law and regulations, the following definitions shall apply when implementing Policy 09.14 and the procedures that follow.

**EDUCATION RECORDS** - Refers to records directly related to a student that are maintained by the District or by a party acting for the District.

A “record” shall include any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche. Student records shall include disciplinary records with regard to suspension and expulsion.

Staff should refer to federal regulations for examples of documents that are not considered education records.

**PERSONALLY IDENTIFIABLE INFORMATION** - Includes, but is not limited to, the following:

1. Student’s name;
2. Name of the student’s parent or other family member;
3. Address of the student or student’s family;
4. Any personal identifier, such as the student’s social security or student number;
5. Personal characteristics that would make the student’s identity easily traceable, including biometric records (measurable biological or behavioral characteristics that can be used for automated recognition of an individual, such as fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics, and handwriting); or
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

**STUDENT** - Except as otherwise specifically designated by law, “student” shall mean any individual who is or has been in attendance in the District and for whom the District maintains education records.

**ATTENDANCE** – District “attendance” includes, but is not limited to, attendance in person or by paper correspondence, videoconference, satellite, Internet, or other electronic information and telecommunication technologies for students who are not physically present in the classroom; and the period during which a person is working under a work-study program.

**DISCLOSURE** - Refers to permitting access to, or release or transfer of, personally identifiable information contained in a student’s education record to any party, except the party identified as the provider or creator of the record, by any means, including oral, written, or electronic.

**EDUCATION PROGRAM** - Programs principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education and adult education, and any program that is administered by an educational agency or institution.

**Family Educational Rights and Privacy Act Definitions**

**EARLY CHILDHOOD EDUCATION PROGRAM** - A Head Start program, a state licensed or regulated child care program, or a program that serves children from birth through age six (6) that addresses the children's cognitive, social, emotional and physical development and is a (a) state prekindergarten program; (b) a program authorized under the Individuals with Disabilities Education Act; or (c) a program operated by a local education agency.

**REFERENCES:**

34 CFR Part 99, 20 U.S.C. 1232g  
P. L. 107-110 (No Child Left Behind Act of 2001)

Review/Revised:

**Family Educational Rights and Privacy Act**

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The District shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

2. Unless the parent or secondary school student requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters upon their request.

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters on the same basis as it is provided to the public.

3. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the school and in the Central Office. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of District receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the District's special education procedures for responding to such requests.

If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

Until any questions are resolved, no student record held by the District shall be discarded when the record is under an outstanding request to inspect or review.

4. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student unless a court order provides that the parent/eligible student is not to be notified.

As noted in the District's annual FERPA notice, parent consent/notification is not required to release student records to another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

5. The District shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the District only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.
6. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.

**Family Educational Rights and Privacy Act**

7. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
  - a. Disclosures made to parents or eligible students,
  - b. Records released pursuant to written consent,
  - c. Access by school officials and others having a legitimate educational interest under FERPA,
  - d. Disclosures of directory information, or
  - e. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. Upon request, the Superintendent/designee shall, arrange for a record amendment hearing in compliance with 702 KAR 1:140.

**RELATED PROCEDURES:**

All 09.14 procedures

Review/Revised:

**Notification of FERPA Rights**

Distribute this notice annually to parents and students.
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The Family Educational Rights and Privacy Act (FERPA) affords parents and “eligible students” (students over 18 years of age or students who are attending a postsecondary institution) certain rights with respect to the student’s education records. They are:

1. ***The right to inspect and review the student’s education records within forty-five (45) days of the day the District receives a request for access.***

Parents or eligible students should submit to the school Principal/designee a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

2. ***The right to inspect and review logs documenting disclosures of the student’s education records.***

Except for disclosure to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosure to the parent or eligible student, FERPA regulations require the District to record the disclosure.

3. ***The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or in violation of the student’s privacy or other rights.***

Parents or eligible students may ask the District to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They should write the school Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of their privacy or other rights.

If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise him/her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

4. ***The right to provide written consent prior to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.***

Exceptions that permit disclosure without consent include:

- a. Disclosure to school officials with legitimate educational interests. A “school official” is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school Board; a volunteer, or an outside person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.



**Notification of FERPA Rights**

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility to the District.

- b. Upon request, disclosure of education records without parent/eligible student notice or consent to officials of another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled or to other entities authorized by law so long as the disclosure is for purposes related to the student's enrollment or transfer.
  - c. Disclosure of information to those whose knowledge of such information is necessary to respond to an actual, impending, or imminent articulable and significant health/safety threat.
  - d. Disclosure to state and local educational authorities and accrediting organizations, subject to requirements of FERPA regulations.
5. ***The right to notify the District in writing to withhold information the Board has designated as directory information as listed in the annual directory information notice the District provides to parents/eligible students.***

To exercise this right, parents/eligible students shall notify the District by the deadline designated by the District.

6. ***The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.*** The name and address of the Office that administers FERPA is:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605

Review/Revised:

**Notification of PPRA Rights**

**Distribute this notice annually to parents and students.**

The Protection of Pupil Rights Amendment (PPRA) affords parents and eligible students (those who are 18 or older or who are emancipated minors) certain rights regarding conduct of surveys, collection and use of information for marketing purposes, and certain physical examinations. These include the right to:

- ◆ **Consent before minor students are required to submit to a survey, analysis, or evaluation** that concerns one (1) or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education:
  1. Political affiliations or beliefs of the student or student’s parent;
  2. Mental or psychological problems of the student or student’s family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships such as with lawyers, physicians, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or the student’s parents; or
  8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- ◆ **Receive notice and an opportunity to opt a student out of:**
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student (except for any physical exam or screening permitted or required under state law); and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. **NOTE:** If the parent/eligible student has indicated no directory information is to be provided to third parties or if the marketing activity involves provision of social security numbers, consent form 09.14 AP.122 should be used.
- ◆ **Inspect, upon request and before administration or use:**
  1. Protected information surveys to be used with students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

**Notification of PPRA Rights**

The District shall annually provide parents and eligible students notice of these rights under law in the Student Handbook, the District *Code of Acceptable Behavior and Discipline*, or other avenue designated by the Superintendent/designee.

The District shall also notify parents and eligible students at least annually at the start of each school year of the specific or approximate dates of the activities listed above. A new or supplemental notice shall be given as necessary to provide the opportunity to consent or opt out under the standards set forth above. Parents/eligible students who believe their rights have been violated may file a complaint with:

***Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Ave., SW  
Washington, D. C. 20202-8520***

Review/Revised:

### **Student Directory Information Notification**

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the District not to disclose directory information listed below.

*Date*

Dear Parent/Eligible Student,

This letter informs you of your right to direct the District to withhold release of student directory information for \_\_\_\_\_. Following is a list of items that the District considers

***Student's Name***

student directory information. If you wish information to be withheld, please choose one (1) of the two (2) options below in both Sections I and II. Choose Option 1 if the District may not release any item of directory information; Option 2, if the District may release only selected items of information. Then check those items that may be released. Please be advised that parents cannot prevent the school from using directory information on District-issued ID cards or badges.

*If we receive no response within thirty (30) days of the date of this letter, all student directory information will be subject to release without your consent.* If you return this signed form on time, we will withhold the directory information consistent with your written directions, unless disclosure is otherwise required or permitted by law. Once there has been an opt-out of directory information disclosure, the District will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

#### ***Student Directory Information Listing***

##### **Section I**

#### **Third Parties, Limited to Institutions of Higher Education & Potential Employers**

(Parent or student 18 or older may sign below to direct the District to withhold information in this section.)

**CHOOSE ONE OF THE OPTIONS BELOW:**

- ☐ **Option 1:** The District **MAY NOT RELEASE ANY** information listed below.
- ☐ **Option 2:** The District **MAY RELEASE ONLY** the information checked below.

***If you choose Option 2, check the item(s) of information listed below that the District may release.***

- |   |  |
|---|--|
| <input type="checkbox"/> Student's name<br><input type="checkbox"/> Student's address<br><input type="checkbox"/> Student's school email address<br><input type="checkbox"/> Student's telephone number<br><input type="checkbox"/> Student's date and place of birth<br><input type="checkbox"/> Student's major field of study<br><input type="checkbox"/> Information about the student's participation in officially recognized activities and sports | <input type="checkbox"/> Student's weight and height (if a member of an athletic team)<br><input type="checkbox"/> Student's dates of attendance<br><input type="checkbox"/> Degrees, honors and awards the student has received<br><input type="checkbox"/> Student's photograph/ picture<br><input type="checkbox"/> Most recent educational institution attended by the student<br><input type="checkbox"/> Grade level |
|---|--|

**NOTE: IF A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH IS TO BE WITHHELD, THE STUDENT WILL NOT BE INCLUDED IN THE SCHOOL'S YEARBOOK, PROGRAM EVENTS, OR OTHER SUCH PUBLICATIONS.**

*Parent/Student Signature*

*Date*

Review/Revised:

## OPT-OUT FOR SPECIFIC ACTIVITIES

Dear Parent/Guardian,

On \_\_\_\_\_ at \_\_\_\_\_  
Date Name of School/Site

*Description:* \_\_\_\_\_

*Five (5) days before activity or as directed*

*Five (5) days before activity or as directed*

Phone

E-mail Address

If, you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before survey is administered to a student.

STUDENT (PRINT NAME)	SCHOOL	GRADE

---

*Parent Signature*

Date \_\_\_\_\_

## PPRA Forms

## CONSENT FOR SPECIFIC ACTIVITIES

(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On \_\_\_\_\_ at \_\_\_\_\_  
Date Name of School/Site

there will be a survey, analysis, or evaluation, and your consent is required so that your child(ren) may participate. This activity consists of:

*Description:* \_\_\_\_\_

Please sign below in the event you consent to your child(ren)'s participation and return this form to your Principal/designee by Five (5) days before activity or as directed.

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME)	SCHOOL	GRADE

---

*Parent Signature*

Date \_\_\_\_\_

Review/Revised:

**Request to Inspect, Amend, or Destroy Student Educational Records****CHECK ONE:**

- ☐ Request to inspect and review educational records  
☐ Request amendment of educational records  
☐ Request hearing to challenge educational records  
☐ Request destruction of records

Specify the educational record(s) \_\_\_\_\_

I hereby make the above request concerning the education records of

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*Date of Birth*

I ☐ am ☐ am not satisfied with the accuracy of the record(s). I realize I may request that records which are inaccurate, misleading, or violative of other rights of the student be amended.

Describe below the specific information in the records for which amendment/hearing is requested and the reason for the request: \_\_\_\_\_

\_\_\_\_\_  
(USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.)

*I certify that I am the parent, legal guardian or am acting as a parent under FERPA\* of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.*

\_\_\_\_\_  
*Parent/Guardian's or Student's Signature*

\_\_\_\_\_  
*Date*

\* Living in the student's home in the absence of the parent on a day-to-day basis

You may review the records of \_\_\_\_\_ at \_\_\_\_\_  
*Student's Name Location*

between the hours of \_\_\_\_\_ AM and \_\_\_\_\_ PM on \_\_\_\_\_  
*Month & Day Year*

***Failure to appear at the time and place designated above will require requesting party to make arrangements to view record(s) at an alternate time and place.***

\_\_\_\_\_  
*Custodian of Records/designee's Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**NOTE:** Except when individuals designated by the Superintendent are reviewing student records, an authorized school employee shall provide appropriate supervision while records are being inspected.

Review/Revised:

**Student Record Logs****INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS**

<b>Student's Name:</b> _____	<b>Date of Birth:</b> _____
------------------------------	-----------------------------

**NOTES:**

- Any agency or individual inspecting, reviewing, or receiving copies of any student records under the authority of the Family Educational Rights and Privacy Act is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- This form need not be completed for disclosures made to parents or eligible students, records released to District employees having a legitimate educational interest under FERPA, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that other individuals are not to be notified.
- KDE uploads District student records on a daily basis.

Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	DISTRICT RESPONSE: #1 Copied Provided #2 Records Inspected/Reviewed #3 Request Denied	Employee Initials/Date
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/
				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	/



**Student Record Logs****EMERGENCY RELEASE DOCUMENTATION**

As required by the Family Educational Rights and Privacy Act (FERPA), for each instance of employee disclosure of information from this student's educational record made in response to an actual, impending, or imminent articulable and significant health/safety threat, documentation shall be made as follows:

INFORMATION DISCLOSED	EMPLOYEE INITIALS/DATE	BASIS FOR DISCLOSURE	RECEIVING PARTY(IES)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

Review/Revised:

**Request for Educational Records**

**THIS FORM IS TO BE USED BY THE SCHOOL OF CURRENT ATTENDANCE TO REQUEST  
EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.**

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(School Last Attended)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*

Please send the educational records of the following student(s):

\_\_\_\_\_  
*(Student Name)* *(Grade)* *(Birthdate)*

\_\_\_\_\_  
*(Student Name)* *(Grade)* *(Birthdate)*

\_\_\_\_\_  
*(Student Name)* *(Grade)* *(Birthdate)*

☐ Please include disciplinary records with regards to suspension and expulsion.

These records should be sent to the following address:

\_\_\_\_\_  
*(Present School)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*

\_\_\_\_\_  
**Principal/Designee's Signature**

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent or eligible student that s/he has received notification before records may be released to other educational institutions.

**RELATED PROCEDURE:**

09.14 AP.231

Review/Revised:

**Designation and Agreement for Disclosure to Authorized Representatives**

This designation and agreement form shall be completed prior to District release of personally identifiable student record information to outside individuals/entities concerning Federal or State supported programs.

**AUTHORIZED REPRESENTATIVE:** \_\_\_\_\_

**PERSONALLY IDENTIFIABLE INFORMATION (PII) TO BE DISCLOSED:**

**PURPOSE:**

The purpose of records release is to carry out activities in connection with Federal or State supported education programs as indicated below:

☐ Audit                      ☐ Evaluation                      ☐ Enforcement                      ☐ Compliance

**DESCRIPTION OF THE ACTIVITY FOR WHICH RECORDS WILL BE USED: DESCRIPTION OF HOW THE INFORMATION WILL BE USED:**

NOTE: The authorized representative designated herein shall not release the subject information to anyone other than its authorized representatives who have a legitimate interest in the activity set out in this agreement.

**RECORDS DESTRUCTION:**

The authorized representative shall destroy the PII when no longer needed for the purpose specified herein.

- The method used to destroy records shall be by physical destruction.
- The subject information shall be destroyed by: \_\_\_\_\_ (date)

Please sign, date and return to our District a copy of this document, which shall signify your individual or your entity's agreement with all terms set out in this document.

\_\_\_\_\_  
*Signature of Custodian of District Records*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Individual/Entity Representative*

\_\_\_\_\_  
*Date*

Review/Revised:

**Release of Records to State Child Welfare Agency**

School district administrators may authorize release of protected student education record information to authorized representatives of a Kentucky state child welfare agency if such agency presents to the District an official court order placing the student whose records are requested under the care and protection of said agency for at least one (1) month. The state welfare agency representative receiving such records must be authorized to access the child's case plan. All information in the below form must be provided/completed.

On behalf of the \_\_\_\_\_ (agency), I am requesting access to and/or release of information in the educational records of the following student enrolled in the District:

Name of Student \_\_\_\_\_

School \_\_\_\_\_

**SPECIFIC INFORMATION REQUESTED**

☐ All cumulative records

☐ Grade records only

☐ Attendance record only

☐ Standardized test data only

☐ Other: \_\_\_\_\_

I understand that I and my agency are prohibited by federal law from releasing a child's education records to any individual or entity, except for those at my agency engaged in addressing that child's educational needs.

I also understand that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

By virtue of my signature, I certify:

- I am a representative/caseworker for the following state child welfare agency: \_\_\_\_\_;
- This agency is responsible under state law for care and protection of the student as provided in the court order referenced below;
- A case plan for the student has been established or is in process for the student; and
- As representative/caseworker I have the right to access such case plan.

**CONTACT INFORMATION**

Signature of Requesting Individual \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

**(THE SECTION BELOW TO BE COMPLETED BY DISTRICT RECORDS CUSTODIAN/DESIGNEE)**

- 
- ☐ The District has an attested or certified original court order placing the student whose records are released under the care and protection of the requesting agency for at least one (1) month, which order is still in effect.
  - ☐ The requesting individual presented appropriate credentials and identification.
  - ☐ Payment has been made for any copies requested.

The requesting individual was notified of the following on \_\_\_\_\_ (date):

- The request was ☐ approved ☐ not approved.
- If approved, the records will be available on \_\_\_\_\_ (date).

Signature of Records Custodian/Designee \_\_\_\_\_

Date \_\_\_\_\_

Review/Revised:

**Authorization for Release/Inspection of Student Records****THIRD PARTY**

Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

The \_\_\_\_\_ Schools are hereby authorized to:

☐ Release or copy☐ Permit the inspection of

the records listed below for \_\_\_\_\_, who was born on

*Student's Name*

\_\_\_\_\_. The individual or agency requesting this information is

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS	REASON
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> _____	

This release is effective only for the specified records or types of records on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following ONLY if you want to authorize the further release of educational records as indicated.)

- ☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials \_\_\_\_\_)
- ☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials \_\_\_\_\_)

\_\_\_\_\_  
*Signature of Parent/Guardian or Individual Acting as Parent under FERPA\**\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of Student, 18 or Older or Attending Post-secondary Institution*\_\_\_\_\_  
*Date*

\* Living in the student's home in the absence of the parent on a day-to-day basis

Review/Revised:

**Publication Consent Form**

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness purposes.

Under 09.14 AP.12, the District has designated student photographs as "directory information". Consistent with that annual notice, a photograph of an individual student may be released to others and/or reproduced in school yearbooks as long as the parent or adult student has not submitted written notice indicating that they do not wish photographs of the student to be released.

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of \_\_\_\_\_, I/we give the  
Student's Name

\_\_\_\_\_ School District permission to release my/our child's name,  
District's Name

photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print.) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date  
Review/Revised:

### **Health Requirements and Services**

Student health and safety shall be accomplished in accordance with state statutes and regulations and the policies and procedures listed below.

#### **SCREENING TESTS**

Physical assessments of students shall be conducted as follows:

<b>GROWTH &amp; DEVELOPMENT</b>	<b>PROVIDED BY</b>
Preschool	Health Provider
Kindergarten	County Health Department
First year primary	School Nurse
Second year primary	School Staff
Third year primary	Volunteers
Fourth year primary	Other
Grade 5	
Grade 6	
Grade 7	
Grade 8	
<b>VISION</b>	<b>PROVIDED BY</b>
Preschool	School Nurse
Kindergarten	Other
First year primary	
Second year primary	
Third year primary	
Fourth year primary	
Grade 5	
Grade 6	
Grade 7	
Grade 8	
<b>HEARING</b>	<b>PROVIDED BY</b>
Preschool	Speech Therapist
Kindergarten	School Nurse
First year primary	Other
Second year primary	
Third year primary	
Fourth year primary	
Grade 5	
Grade 6	
Grade 7	
Grade 8	

**Health Requirements and Services****ABNORMALITIES REPORTED**

Any abnormalities found that need further medical evaluation shall be reported to the parents and recorded on the school health record. Referrals of students affected by health barriers shall be made, as appropriate, to family resource/youth service centers and/or support agencies for assistance.

**HEALTH SERVICES REFERENCE GUIDE**

District personnel shall utilize guidelines and forms provided in the Health Services Reference Guide published by the Kentucky Department of Education to address the following:

1. Pupil's cumulative health record
2. General growth and development
3. Vision screening
4. Hearing screening
5. Physical education medical information
6. Preventative health care examinations form(s) as provided by the Kentucky Department of Education

**HEALTH RECORDS**

Cumulative health records shall be initiated and maintained in the health office or maintained electronically in the student information system.

**RELATED POLICIES:**

03.14, 03.24  
09.21, 09.211, 09.22, 09.224, 09.2241

**RELATED PROCEDURES:**

09.224 and 09.2241 procedures

Review/Revised:



**Preventative Health Care Examination Forms**

**Preventative health care examinations for students must be completed using the form required by Kentucky Administrative Regulation (“Preventative Health Care Examination Form.”)**

Review/Revised:

STUDENTS

09.211 AP.21

**Request for Protected Health Information**

See existing Procedure 03.111 AP.21 the form to use in requesting protected health information from health care providers.

**RELATED PROCEDURE:**

03.111 AP.21

Review/Revised:

**Prevention/Control of Head Lice**

**School personnel shall actively pursue the prevention and control of head lice in the school by developing a consistent education, screening and follow-up program for all students.**

The Principal and school personnel trained to identify live lice shall adhere to the following guidelines:

- 1) When students are observed/reported to have live head lice any time during the school year:
  - a. Playmates closely associated with the student and possibly siblings of the student that attend the same school may be checked for live lice, which are defined by the Centers for Disease Control and Prevention as crawling lice. In general, school-wide checks are not necessary.
  - b. Parents of each student identified as having live lice will be contacted by a school/District representative advising them of the finding.
- 2) The Principal or school/District personnel shall offer parents of students identified as having live lice:
  - a. Visual evidence of live lice in the student's hair.
  - b. Verbal and/or written information/direction for hair treatment and household procedures.
- 3) In most cases, students should not be excluded from school. However, in all instances when personnel identify live lice, they shall confirm with the student and/or parent/guardian that the following have occurred:
  - a. The parent/guardian has combed the student's hair with an actual lice/nit comb or applied special lice killing shampoo on the same or next day.
  - b. When the student returned to school after treatment, designated school personnel rechecked the student before s/he returned to the classroom. If live lice remained, steps 2 and 3 above were re-established.
- 4) School personnel shall follow up with students found with a second and subsequent cases of live head lice to assure that:
  - a. Prescribed medical treatment for live lice has been applied to the student's hair no later than the next day.
  - b. Any second application required is applied within the recommended time frame.
- 5) The Superintendent/designee shall:
  - a. Establish education/information programs on head lice control methods for school personnel, community members, students and parents.
  - b. Provide the school with written materials on head lice control and prevention.

Review/Revised:

**Exposure to Bloodborne Pathogens**

The bodily fluid cleanup guidelines that are included in the Bloodborne Exposure Control Plan required by Policies 03.14/03.24 and related procedures will be followed in incidents involving students.

Review/Revised:

**Request for Student Health Services and Procedures****(NON-MEDICATION NEEDS ONLY)**

The District provides health services to students so that their attendance and/or school-related program participation is not interrupted.

If your child requires a specific health service or procedure, please obtain the information below from your child's physician/health care provider and return this completed form to:

\_\_\_\_\_  
Please be advised that District personnel will review the information provided for possible Section 504 or IDEA service considerations.

**STUDENT'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**STUDENT'S SCHOOL** \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian or Student 18 or Older Signature*

\_\_\_\_\_  
*Date*

**TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER:**

Duration of service/procedure: ☐ \_\_\_\_\_ school year ☐ until treatment is changed.

Describe the service/procedure in detail and include any specific instructions. (Please use the back of this form if needed, and sign at the end of your additional comments.) \_\_\_\_\_

Times to be administered: \_\_\_\_\_

\_\_\_\_\_  
*Physician/Health Care Provider Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Physician/Health Care Provider Address*

\_\_\_\_\_  
*Date*

**TO ASSURE COMPLIANCE WITH HIPAA REQUIREMENTS, SUBMIT THE ATTACHED "REQUEST FOR PROTECTED HEALTH INFORMATION" FORM TO YOUR HEALTH CARE PROVIDER OR USE THE HIPAA FORM REQUIRED BY THAT PROVIDER.**

**RELATED PROCEDURES:**

03.111 AP.21; 09.2241 (all medication-related procedures)

Review/Revised:

**Supervision of Students**

The Principal and all staff members share the responsibility for student supervision and shall hold pupils accountable for their conduct.

In order to implement Board policy on supervision of pupils, employees shall comply with the following:

1. Staff members shall be on duty as specified in Board policy and their job descriptions.
2. The Principal shall develop a plan for the school to include supervision of students by a qualified adult at all times. The plan shall address, but not be limited to, the following areas:
  - a. Traffic patterns for student drop-off and pick-up;
  - b. Supervision of students during mealtime(s);
  - c. Hall, restroom and playground supervision;
  - d. Supervision for students before and after the regular school day; and
  - e. Supervision on field trips and during all other school related activities

Prior to the opening of school each year, the Principal shall submit the plan to the Superintendent/designee for review and comment.

**RELATED POLICY:**

03.1332

Review/Revised:



**Documentation of Reporting Required by Law****(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)****PARENTAL NOTIFICATION**

If their child is involved in an incident related to KRS 158.156, the Principal shall notify parents/guardians in writing.

**BOARD NOTIFICATION**

For an incident related to KRS 158.156, the Principal shall report only the following information to the Superintendent to share with the Board:

On _____, _____ students were involved in an incident <i>Date</i> <i>Number</i> reportable under KRS 158.156.	
_____ <i>Name of School</i>	_____ <i>Signature of Principal</i>

**RELATED PROCEDURE:**

09.438 AP.21

Review/Revised:



**Physical Restraint and Seclusion Forms****DOCUMENTATION OF USE**

Please attach additional sheets as needed.

<b>STUDENT NAME:</b>	<b>DATE OF USE:</b>
<b>Description of Physical Restraint or Seclusion Measure Used:</b>	
<b>Beginning Time of Measure Used:</b>	<b>Ending Time of Measure Used:</b>
<b>School Personnel Involved:</b>	
<b>Student Behavior Prompting Use:</b>	
<b>How Student Behavior Posed Imminent Danger of:</b>	
<input type="checkbox"/> Physical harm to self/others _____	
<input type="checkbox"/> Property damage, destruction, criminal mischief, theft, or a felony involving use of force _____	
<input type="checkbox"/> Disruption of reasonable discipline/order _____	
<b>School Personnel Response to Behavior and Techniques Used:</b>	
<b>Events Leading Up to Use of Measure:</b>	
<b>Student's Behavior During Restraint or Seclusion and Interactions During Use:</b>	
<b>Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:</b>	
<b>Injuries to Student(s), School Personnel or Others:</b>	
<b>Effectiveness of Restraint/Seclusion in De-escalating the Situation:</b>	
<b>Student Post-Incident Interview Comments:</b>	
<b>Planned Future Positive Behavioral Interventions:</b>	
<b>Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):</b>	
<b>Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:</b>	

Check as applicable:

☐ Parent    ☐ Emancipated Youth notified on \_\_\_\_\_ (date) of the five (5) school day timeline to request debriefing session.

\_\_\_\_\_  
*Signature of Staff Member Completing Report*\_\_\_\_\_  
*Date Report Provided to Principal*

**Physical Restraint and Seclusion Forms****NOTICE TO PARENT**

**ADMINISTRATIVE NOTE:** AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.

\_\_\_\_\_  
*Date*

Dear parent/guardian,

On \_\_\_\_\_, authorized school personnel used the following with your child:  
*Date*☐ Seclusion☐ Physical Restraint

The following is a summary description of the measure used:

\_\_\_\_\_  
\_\_\_\_\_This occurrence took place at \_\_\_\_\_  
*Location and Time Frame*

and was necessary due to the following behavior by your child:

\_\_\_\_\_  
\_\_\_\_\_

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The District must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at \_\_\_\_\_  
*Telephone Number*

Sincerely,

\_\_\_\_\_  
Signature\_\_\_\_\_  
Position

Review/Revised:

### **Emergency Medical Care Procedures**

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

#### **EMERGENCY INFORMATION**

Emergency care information for each student shall be filed in the Principal's office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

#### **MEDICAL EMERGENCY PROCEDURES**

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
  - a. Inform parent or authorized contact that the child is not able to remain at school.
  - b. Indicate the apparent symptoms; however, do not attempt to diagnose.
  - c. Advise the contact that s/he may want to contact a physician regarding the child's condition.
3. Take care of child until parent, physician (health care professional), or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with District policy and procedure only when ordered by the student's personal physician.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the Principal.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.
11. Employees shall follow the District's Exposure Control Plan when clean-up of body fluids is required.

**Emergency Medical Care Procedures****SUPPLIES/PERSONNEL**

1. The school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in the school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. At least one (1) school employee who is a licensed medical professional, or has been appropriately trained, shall be on duty at the school to administer glucagon or diazepam rectal gel to students with diabetes or seizure disorders.

**DOCUMENTATION**

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

**RELATED POLICIES:**

09.224  
09.2241

**RELATED PROCEDURES:**

09.224 AP.21  
09.2241 AP.22  
09.2241 AP.23

Review/Revised:

**Emergency Information Form**

<b>Student's Name</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>Student's Address</b> _____			
<i>Street Address/Apt. #</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<b>Student's Age</b> _____	<b>Date of Birth</b> _____	<b>Student's Phone Number</b> _____	
<b>Grade</b> _____	<b>Teacher (Homeroom)/Classroom</b> _____	<b>Bus #</b> _____	

TO BE COMPLETED BY PARENT/GUARDIAN: TO SERVE YOUR CHILD IN CASE OF ACCIDENT OR SUDDEN ILLNESS, IT IS NECESSARY THAT YOU FURNISH THE FOLLOWING INFORMATION:

**MOTHER'S NAME** \_\_\_\_\_

*Last Name*                      *First Name*                      *Middle Initial*

Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

*Last Name*                      *First Name*                      *Middle Initial*

Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_

*Last Name*                      *First Name*                      *Middle Initial*

Guardian's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the following people who are authorized to pick up my child from school or a school-sponsored activity:

<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>

Doctor's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

\_\_\_\_\_

*Signature of Parent/Guardian*                      *Date*

**Emergency Information Form**Is your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

Medication	Dosage

Is your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify \_\_\_\_\_Is your child allergic to insect bites? ☐ Yes ☐ NoDoes your child have allergies? ☐ Yes ☐ NoDoes your child have a history of ☐ heart disease ☐ diabetes ☐ T.B ☐ nervous disorder  
☐ epilepsy ☐ ear infection ☐ seizure ☐ asthma ☐ Other \_\_\_\_\_?

If so, please check and describe any special emergency treatment that may be required:

Please list any other conditions that might require emergency medical treatment: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*\_\_\_\_\_  
*Date***Log of Attempts to Contact Parent/Guardian**

Date	Time	Phone # Called	Answered?		Person Answering Phone/Response
			Yes	No	

Review/Revised:

## **Student Medication Guidelines**

### **STUDENT SELF-MEDICATION**

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's physician/health care provider also is required.

### **ALL OTHER MEDICATIONS**

1. Medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.
3. School personnel authorized to give medications must be trained in accordance with KRS 156.502 and 702 KAR 1:160.
4. Except for emergency medications (including, but not limited to Diastat, Glucagon, and EpiPens) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
5. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
6. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record.

### **PRESCRIPTION MEDICATIONS**

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

**Student Medication Guidelines****PRESCRIPTION MEDICATIONS (CONTINUED)**

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

**NONPRESCRIPTION MEDICATIONS**

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date.

**DOCUMENTATION OF ADMINISTRATION**

Except for medications approved for self-administration, all medication given must be documented on a medication log. Records must be kept on file in the student's cumulative folder. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder when completed or when the medication is changed/discontinued.

**DISPOSAL OF UNUSED MEDICATION**

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication shall then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

**MEDICATION REFUSAL**

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.



**Student Medication Guidelines****MEDICATION ERROR**

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.
3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

**RELATED POLICY:**

09.2241

**RELATED PROCEDURES:**

09.2241 AP.21

09.2241 AP.22

Review/Revised:

## Permission Form for Prescribed or Over-the-Counter Medication

Student's Name: _____	Grade: _____	Homeroom/Classroom: _____
Student's Age: _____	Date of Birth: _____	Date Form Received: _____

### TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION MEDICATION

Name of medication: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other \_\_\_\_\_

Describe schedule and dose to be given at school: \_\_\_\_\_

Starting Date: ☐ date form received ☐ Other, as specified: \_\_\_\_\_

Stopping Date: ☐ for episodic/emergency events only ☐ end of school year ☐ Other date/duration: \_\_\_\_\_

Restrictions and/or important effects: ☐ Yes. Please describe: \_\_\_\_\_

**NOTE:** *In the event the Principal/designee is notified of the possibility of an adverse or extreme reaction to a medication, s/he shall inform the student's teacher(s) of such a possibility before the student begins the medication schedule.*

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other \_\_\_\_\_

Student is capable of/responsible for self-administering this medication: ☐ No ☐ Yes ☐ Supervised ☐ Unsupervised

Student has been instructed in self-administering the medication: ☐ No ☐ Yes

Student must carry this medication on his/her person: ☐ No ☐ Yes

Please indicate additional information: ☐ On the back side of this form ☐ As an attachment

\_\_\_\_\_  
*Physician/Health Care Provider Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Name of Physician/Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**To the school:** Please report concerns about medications or the student's condition to the above physician/health care provider.

### TO BE COMPLETED BY PARENT/GUARDIAN FOR NON-PRESCRIPTION MEDICATIONS

As the parent or legal guardian of the student named below, I authorize my child to take the following over-the-counter medication as noted:

Name of Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Permission Form for Prescribed or Over-the-Counter Medication****FOR ALL MEDICATIONS**

I give permission for \_\_\_\_\_ to receive the above medication(s) at school according to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL PERSONNEL**

I/we acknowledge receipt of the foregoing statement and authorization.

Administrator/designee \_\_\_\_\_ Date \_\_\_\_\_

For student health services/procedures not involving medication only,  
please refer to 09.22 AP.22.

Review/Revised:



STUDENT  
PICTURE  
HERE**Student Medication Logs****STUDENT MEDICATION ADMINISTRATION RECORD**

SCHOOL YEAR: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ NAME AND DOSE OF MEDICATION: \_\_\_\_\_

ROUTE: \_\_\_\_\_ TIME(S) GIVEN AT SCHOOL: \_\_\_\_\_ POSSIBLE SIDE EFFECTS: \_\_\_\_\_

Classroom teacher when medication is due: \_\_\_\_\_ Health Care Provider Name/Phone #: \_\_\_\_\_

Emergency Contact Names/Phone #s: \_\_\_\_\_

**DIRECTIONS:** Initial administration or use codes below. A complete signature and initials of each person administering medication should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

  

Authorized person(s) administering or counting medication: Signature/Initials		Documentation Codes:		
(A) Absent	(R) Refused*	(W) Dosage withheld*	(E) Early dismissal	
(F) Field trip	(X) No school	(N) No medication available*	(S) Self-administered	
_____ / _____		*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.		
_____ / _____				
_____ / _____				
_____ / _____				

STUDENT  
PICTURE  
HERE

## Student Medication Logs

# STUDENT MEDICATION ADMINISTRATION RECORD

**NAME OF STUDENT:** \_\_\_\_\_

[illegible]

Page 3 of 3

**Medication Administration Incident Report**

<b>Student's Name</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>Student's Address</b> _____			
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<b>Student's Age</b> _____	<b>Date of Birth</b> _____	<b>Student's Phone Number</b> _____	
<b>Grade</b> _____	<b>School Name</b> _____		

TO BE COMPLETED IN INK BY SCHOOL PERSONNEL IN THE EVENT THAT AN ERROR IS MADE IN ADMINISTRATION OF MEDICATION

Name of person administering medication: \_\_\_\_\_

Name of medication/dosage/route prescribed: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Type of medication error: (check all that apply)

☐ Medication administered to incorrect student

☐ Medication administered at incorrect time

☐ Incorrect dosage of medication administered

☐ Incorrect medication administered

☐ Incorrect documentation provided

☐ Other

Description of error: \_\_\_\_\_

Date and time of error: \_\_\_\_\_ ☐ AM ☐ PM

Dosage given: \_\_\_\_\_

Describe circumstances leading to error: \_\_\_\_\_

Explain action taken: \_\_\_\_\_

Reaction(s): \_\_\_\_\_

Persons notified of error: ☐ School Principal ☐ School nurse, if appropriate ☐ Physician

☐ Poison Control Center ☐ Parent/Guardian

☐ Other, \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Completing the Report*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Principal's Signature*

\_\_\_\_\_  
*Date*

Follow-up notes, if applicable: \_\_\_\_\_

Review/Revised: \_\_\_\_\_

**Child Abuse/Neglect/Dependency****MAKING AN ORAL REPORT**

District employees who receive information from or about a student that causes them to know or gives them reasonable cause to believe that a child is dependent, neglected, or abused will promptly make an oral report to the proper authorities listed in Policy 09.227 and may assist the student in making such a report. All employees who know or have reasonable cause to believe that a child is dependent, neglected, or abused have the responsibility to report. Any attempt to prevent such a report is illegal.

The individual making an oral report should make a personal record of the report, including the date and time of report and name of the individual to whom the report was made.

The confidentiality of identifying information pertaining to individuals making a report is protected as provided by statute (KRS 620.050).

Review/Revised:



**Fund-Raising Activities-Proposal**

All sales representatives who wish to participate in a school fund-raising program shall complete the following form and submit it to the Superintendent who may then present the request to the Board for approval.

**Name/Address of Business Firm** \_\_\_\_\_

**Representative's Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Description of Items\*** (*Attach brochures, etc., if applicable.*)

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**Description of Program** \_\_\_\_\_

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**Company registered with Better Business Bureau?**

☐ YES

☐ NO

**Pricing** (*Attach price list, if applicable.*)

Wholesale price of items \_\_\_\_\_

Retail price of items \_\_\_\_\_

School Profit \_\_\_\_\_

*\* Items shall not include coupons from other businesses as incentives for purchase.*

\_\_\_\_\_  
*Sales Representative's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Superintendent/designee's Signature*

\_\_\_\_\_  
*Date*

Review/Revised:

**Fund-Raising Activities - Approval of Schoolwide Fund-Raising Projects**

**Please refer to the KDE document, *Accounting Procedures for School Activity Funds*, which includes the forms and process required for approval of fund-raising projects.**

Review/Revised:

**School-Related Student Trip Request Form**

SUBMIT THIS FORM ONE WEEK PRIOR TO THE BOARD MEETING.
---

FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

TYPE OF TRIP (CHECK ONE):

- ☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_  
☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

- ☐ Out of State    ☐ Out of County    ☐ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER,  
 SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS \_\_\_\_\_ FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES \_\_\_\_\_  
 TOTAL # OF PARTICIPANTS \_\_\_\_\_

MODE OF TRANSPORTATION

- ☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_  
☐ PRIVATE VEHICLE, AS ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No

\_\_\_\_\_  
*Signature of Faculty Sponsor*\_\_\_\_\_  
*Date*

Trip has been <input type="checkbox"/> approved <input type="checkbox"/> disapproved. Reason for disapproval _____ _____ _____ <div style="display: flex; justify-content: space-between;"> <div>_____ <i>Signature of Board Chairperson</i></div> <div>_____ <i>Date</i></div> </div>
---

For overnight and/or out-of-state trips, approval of the Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.23

Review/Revised:

**School-Related Student Trip Permission Slip and Medical Release Form**

Student's Name _____			
<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>
School _____	Grade _____	Homeroom/Classroom _____	
<input type="checkbox"/> All school-related trips for the _____ school year; OR			
<input type="checkbox"/> Field Trip Date(s) _____ Destination _____			
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

Please return this form to your child's teacher.

Review/Revised:

**School-Related Student Trip Evaluation Form****SUBMIT THIS FORM TO THE PRINCIPAL WITHIN ONE (1) WEEK AFTER THE TRIP.****FACULTY MEMBER(S) SPONSORING TRIP** \_\_\_\_\_**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip   ☐ Class (i.e., junior, senior) Trip, specify \_\_\_\_\_
- ☐ Organization/Club Trip, specify \_\_\_\_\_   ☐ Other (athletic, band, if applicable) \_\_\_\_\_

**DESTINATION** \_\_\_\_\_ **DATE(S) OF TRIP** \_\_\_\_\_**NUMBER OF STUDENTS** \_\_\_\_ **FACULTY SPONSORS** \_\_\_\_ **AND OTHER CHAPERONES** \_\_\_\_ **TOTAL** \_\_\_\_**PURPOSE/EDUCATIONAL VALUE** \_\_\_\_\_**HOW DID THIS DESTINATION MEET THE EDUCATIONAL OBJECTIVES?** \_\_\_\_\_**WHAT FOLLOW-UP ACTIVITIES DID YOU DIRECT IN THE CLASSROOM TO REINFORCE THE STUDENTS' FIELD TRIP EXPERIENCE?****WAS PUPIL BEHAVIOR OR SAFETY A PROBLEM ON THE TRIP?** \_\_\_\_\_**WOULD YOU RECOMMEND THIS DESTINATION TO A COLLEAGUE OR REPEAT THE EXPERIENCE YOURSELF?** \_\_\_\_\_**ON A SCALE OF 1 - 10, WITH 10 BEING THE HIGHEST, HOW WOULD YOU RATE THIS EDUCATIONAL EXPERIENCE?**

1      2      3      4      5      6      7      8      9      10

\_\_\_\_\_  
*Sponsor's Signature*\_\_\_\_\_  
*Date*

Review/Revised:

**Record of Removal**

An employee who removes a student, or causes a student to be removed, from a classroom setting or school-related activity shall complete and submit this form to the Principal/designee as soon as practicable following the removal.

<b>Student's Name</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>School</b> _____	<b>Grade (if known)</b> _____	<b>Date of Removal</b> _____	
<b>Classroom/School-related Activity from which the student was removed:</b> _____			
_____			
<b>Site to which the student was removed:</b> _____			
<b>Employee who removed the student:</b> _____			
<b>Position:</b> _____			

<b>Cause(s) for Removal</b>
-----------------------------

- ☐ Threatening behavior, such as verbal or written statements or gestures by the student indicating intent to harm themselves, others or property.

Describe (Use additional sheet(s) if necessary.):

\_\_\_\_\_

\_\_\_\_\_

- ☐ Violent behavior, such as a physical attack by the student so as to intentionally inflict harm to himself/herself, others or property.

Describe (Use additional sheet(s) if necessary.):

\_\_\_\_\_

\_\_\_\_\_

<b>Witness(es) (Use additional sheet(s) if necessary.)</b>
--

_____	_____
<i>Name</i>	<i>Note if student/employee/other (specify)</i>
_____	_____
<i>Name</i>	<i>Note if student/employee/other (specify)</i>
_____	
<i>Employee's Signature</i>	<i>Date</i>

Review/Revised:

**Disrupting the Educational Process**

The following procedures shall be used when an individual or a group is disrupting the educational process:

1. The Principal/designee shall notify the Superintendent, as appropriate.
2. The Principal and staff shall make every effort to keep the disturbance isolated and keep uninvolved students from the scene.
3. A staff member should accompany the Principal/designee to the area in which the disturbance is occurring. If the students involved do not respond to the Principal's directions, the staff member is to telephone for additional staff assistance or for the police as directed by the Principal.
4. School schedules and operations shall be maintained at a normal level.
5. Teachers shall continue normal classroom activities unless otherwise instructed.
6. Teachers shall not permit students to leave the room; however, teachers should not try to physically restrain students from leaving the room.
7. The staff shall avoid physical involvement except for self-protection or protection of students.
8. The staff shall cooperate with the Principal and shall identify those involved in the disruption.
9. Normal disciplinary action shall be administered to those involved in the disturbance.

Review/Revised:

### **Grievance Procedures**

Students wishing to initiate a harassment/discrimination complaint should use Procedure 09.42811 AP.2.

#### **CONDITIONS**

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have not more than two (2) representatives.
4. All attendant records shall be filed in the office of the Principal and/or Superintendent and shall be considered private information and separate from the student's educational records. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved student because of the filing of a grievance.

#### **TIME LIMITS**

1. Students or their parents must file their grievance within fifteen (15) school days following the alleged violation. However, depending on the nature of the grievance, the Superintendent may recommend an extension of the filing deadline to twenty (20) school days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be school days.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) school days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

#### **PRINCIPAL'S/SCHOOL COUNCIL'S INVOLVEMENT**

1. When appropriate, the grievant shall give his/her communication directly to the Principal, thus bypassing the teacher or other employee. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Principal.
2. The Principal reserves the right to redirect the communicator to the appropriate level and/or consult with the council, as appropriate.

#### **SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT**

1. When appropriate, the grievant shall give his/her communication directly to the Superintendent, thus bypassing the Principal. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Superintendent.



**Grievance Procedures****SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT (CONTINUED)**

2. The Superintendent reserves the right to redirect the communicator to the appropriate level.

**BOARD OF EDUCATION'S INVOLVEMENT**

1. If the student, after reviewing the Superintendent's response, desires direct communication with the Board of Education, the student may present his/her written communication to the Superintendent for transmittal to the Board of Education or notify the Superintendent ten (10) school days prior to the meeting of the Board at which the student wishes the grievance presented. Students contacting Board members individually about a grievance shall be advised to communicate with the entire Board.
2. If the Board decides to review the grievance, the student will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the student's communication. If the student does not wish to make a verbal presentation, the student's right to refrain from such activity will be respected.
3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.
4. The Board of Education will consider the grievance and will provide the student a written response within ten (10) school days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

**NOTES:**

- Students/parents wishing to initiate a complaint about a Title I issue should refer to Procedure 08.13451 AP.1.
- Complaints concerning discrimination in the delivery of benefits or services in the District's school nutrition program are to be referred to the Superintendent/designee.

**RELATED PROCEDURES:**

08.13451 AP.1  
09.42811 AP.2

Review/Revised:

**Grievance Initiation Form (Students)**

This form provides the opportunity for a student to question the application of a Board policy or administrative rule or procedure and to secure at the lowest administrative level an equitable, prompt, and satisfactory solution.

**STUDENT GRIEVANT**

Student Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade Level \_\_\_\_\_ Home Room/Classroom \_\_\_\_\_

**GRIEVANCE**

Identify the policy, rule, or procedure whose application is at issue. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

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What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

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\_\_\_\_\_  
*Student's Signature* *Date*

**LEVEL ONE: CLASSROOM TEACHER**

Name: \_\_\_\_\_

Date grievance received at this level \_\_\_\_\_

**CLASSROOM TEACHER'S RESPONSE. (USE ADDITIONAL SHEET IF NECESSARY.)**

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\_\_\_\_\_  
*Classroom Teacher's Signature* *Date*

**THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.**

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**Grievance Initiation Form (Students)**

BOARD POLICY ALLOWS FOR APPEAL OF THE CLASSROOM TEACHER'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE CLASSROOM TEACHER IS AN ALLEGED PARTY IN THE COMPLAINT.

**LEVEL TWO: PRINCIPAL OR PRINCIPAL'S DESIGNEE**

Name: \_\_\_\_\_

Date grievance received at this level \_\_\_\_\_

**PRINCIPAL/PRINCIPAL'S DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)**

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\_\_\_\_\_  
*Principal's/Designee's Signature*\_\_\_\_\_  
*Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

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BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE PRINCIPAL/DESIGNEE'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL/DESIGNEE IS AN ALLEGED PARTY IN THE COMPLAINT.

**LEVEL THREE: SCHOOL COUNCIL, IF APPROPRIATE**

Name: \_\_\_\_\_

Date grievance received at this level \_\_\_\_\_

**RESPONSE OF SCHOOL COUNCIL (USE ADDITIONAL SHEET IF NECESSARY.)**

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\_\_\_\_\_  
*School Council Chairperson's Signature*\_\_\_\_\_  
*Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

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BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SCHOOL COUNCIL'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SCHOOL COUNCIL IS AN ALLEGED PARTY IN THE COMPLAINT.

**Grievance Initiation Form (Students)**

**LEVEL FOUR: SUPERINTENDENT/DESIGNEE**

Name: \_\_\_\_\_

Date grievance received at this level \_\_\_\_\_

**SUPERINTENDENT/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)**

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\_\_\_\_\_  
*Superintendent's/Designee's Signature*

\_\_\_\_\_  
*Date*

**THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.**

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**THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS CONSTITUTIONAL, STATUTORY, REGULATORY, OR OTHER POLICY APPLICATION OR DEMOTION UNDER KRS 161.765.**

**LEVEL FIVE: BOARD OF EDUCATION**

Date grievance received at this level \_\_\_\_\_

**BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)**

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\_\_\_\_\_  
*Board Chairperson's Signature*

\_\_\_\_\_  
*Date*

**THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.**

Review/Revised:

**Notice to Individuals Complaining of Harassment/Discrimination**

The District prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the District's policy is attached for your information. Please be aware of the following provisions:

The District's Title IX/Equity Coordinator is Jim Palm. If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

**6 William F. Blatt Ave., Southgate, KY 41071**

**859-441-0743**

The District will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a District administrator or other individual with specific training and/or experience in this area. If you have any questions for the District's investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the District with information and documentation concerning the alleged improper conduct; (b) advise the District of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in District policy.

The District is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the District to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The District will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The District is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the District being able to fulfill its commitment to eliminate harassment/discrimination.

District employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the District will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the District to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the District may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a District administrator.

**Notice to Individuals Complaining of Harassment/Discrimination**

The District will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the District should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a District administrator immediately. If you are not satisfied with the District's response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515  
100 Penn Square East  
Philadelphia, PA 19107

Review/Revised:

**Harassment/Discrimination Reporting Form**

This form provides the opportunity for a student or parent to report violation(s) of Board Policy 09.42811 and to secure an equitable, prompt, and satisfactory solution. This procedure shall be implemented in compliance with Board Policy 09.42811 and shall be used to document all complaints, whether addressed informally or formally.

<b>Student's Name</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>Student's Address</b> _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<b>Student's Age</b> _____	<b>Date of Birth</b> _____	<b>Student's Phone Number</b> _____	
<b>Grade</b> _____	<b>Homeroom/Classroom</b> _____		
<b>Name of Parent/Guardian</b> _____		<b>Daytime Phone #</b> _____	

**CONFIDENTIALITY**

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

**HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)**

Date(s)/approximate time of the alleged incident(s): \_\_\_\_\_

Place alleged incident (s) occurred: \_\_\_\_\_

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual      ☐ racial      ☐ on the basis of national origin      ☐ on the basis of disability

☐ other type of harassment/discrimination? If other, specify: \_\_\_\_\_

Name of person you believe is guilty of harassment or discrimination: \_\_\_\_\_

Position (if employee): \_\_\_\_\_ Grade (if student): \_\_\_\_\_ Other (specify) \_\_\_\_\_

If the alleged behavior was directed toward another person, name that person: \_\_\_\_\_

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. \_\_\_\_\_

**LIST ANY WITNESSES TO THESE EVENTS:** \_\_\_\_\_

*PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).*

**WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM?** \_\_\_\_\_

*I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.*

\_\_\_\_\_  
*Signature of Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Guardian (not required)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Date*

Review/Revised:

**Harassment/Discrimination Investigation and Appeals****(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)****STUDENT COMPLAINANT** \_\_\_\_\_*Last Name**First Name**Middle Initial***STUDENT'S SCHOOL** \_\_\_\_\_**GRADE** \_\_\_\_\_**HOMEROOM/CLASSROOM** \_\_\_\_\_

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

**ALLEGED HARASSER/DISCRIMINATING PARTY:** \_\_\_\_\_

Investigator: \_\_\_\_\_ Date Complaint Form is Received: \_\_\_\_\_

**INFORMAL PROCEDURE**

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No

Date: \_\_\_\_\_ Facilitator: \_\_\_\_\_

**FORMAL PROCEDURE**

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Program Coordinator. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify the alleged victim's Principal. **Without a report being made to the Principal, Superintendent or Program Coordinator, the District shall not be deemed to have received a complaint of harassment/ discrimination.**

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

**TIMELINE**

The investigator shall provide the complainant and the accused with a copy of the District's Policy 09.42811 and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.



**Harassment/Discrimination Investigation and Appeals****FORMAL PROCEDURE (CONTINUED)****CORRECTIVE ACTION**

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN THIRTY (30) CALENDAR DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No  
If yes, to whom will the complaint be referred? \_\_\_\_\_ Date: \_\_\_\_\_

**FIRST APPEAL LEVEL**

STUDENT COMPLAINANT _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL _____	GRADE _____	HOMEROOM/CLASSROOM _____

**ALLEGED HARASSER/DISCRIMINATING PARTY:** \_\_\_\_\_

Superintendent/designee who will consider appeal: \_\_\_\_\_

Date appeal and related data received by Superintendent/designee: \_\_\_\_\_

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

**CORRECTIVE ACTION**

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF THE STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN THIRTY (30) CALENDAR DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No  
If yes, to whom will the complaint be referred? \_\_\_\_\_ Date: \_\_\_\_\_

**Harassment/Discrimination Investigation and Appeals****SECOND APPEAL LEVEL****STUDENT COMPLAINANT** \_\_\_\_\_*Last Name**First Name**Middle Initial***STUDENT'S SCHOOL** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **HOMEROOM/CLASSROOM** \_\_\_\_\_**ALLEGED HARASSER/DISCRIMINATING PARTY:** \_\_\_\_\_

Board Chairperson: \_\_\_\_\_

Date appeal and related data received by the Chairperson on behalf of the Board: \_\_\_\_\_

**CORRECTIVE ACTION**

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

**USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN THIRTY (30) CALENDAR DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.**

**GUIDELINES**

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally is confidential and may require consent of the employee prior to release.

**RELATED POLICIES:**

09.2211; 09.227

**RELATED PROCEDURES:**

09.227 AP.1, 09.42811 (all procedures)

Review/Revised:

**Witness Disclosure Form**

<b>Witness' Name</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>Witness' Address</b> _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
<b>Witness' Phone Number</b> _____			
<b>Is witness a</b> <input type="checkbox"/> <b>student</b> , <input type="checkbox"/> <b>school employee</b> , or <input type="checkbox"/> <b>other</b> ? If other, specify _____			
<b>School (if a student):</b> _____ <b>Grade</b> _____ <b>Homeroom/Classroom</b> _____			
<b>Witness' relationship, if any, to the complainant:</b> _____			
<b>Witness' relationship, if any, to the accused:</b> _____			

On the date(s) of \_\_\_\_\_, a student has claimed to be the target of harassment or discrimination on the basis of \_\_\_\_\_. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e. slurs, threats, demands, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.) \_\_\_\_\_

**LIST ANY OTHER WITNESSES TO THESE EVENTS:** \_\_\_\_\_

- I understand that Board policy prohibits retaliation against witnesses who assist or participate in an investigation.
- I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Date*

Review/Revised:

**Resolution Response**

This completed form shall be provided to both the complainant and the accused party.

<b>STUDENT COMPLAINANT</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>ACCUSED PARTY</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>GRADE</b> _____	<b>HOMEROOM/CLASSROOM</b> _____		
<b>COMPLAINT/APEAL RECEIVED</b> _____		<b>RESPONSE DELIVERED</b> _____	
<i>Date</i>		<i>Date</i>	
<b>INVESTIGATOR'S NAME</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution will be implemented by the District? (Check all that apply.)

☐ Personnel action ☐ Measures to protect the complainant

☐ Action against a visitor ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

\_\_\_\_\_  
*Investigator's Signature* *Date*

\_\_\_\_\_  
*Superintendent/designee's Signature* *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE OR STUDENT BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES BOARD POLICY.

Review/Revised:

**Notification to Parent of Detention/Saturday School**

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*Date*

Dear Parent/Guardian:

In compliance with Policy 09.432, I have assigned 

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*Student's Name*to ☐ detention      ☐ Saturday School on 

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*Date* for misconduct.

This disciplinary action has been made following a referral and conference with the student. We are notifying you in advance so that transportation arrangements may be made. Your child will need to be picked up at 

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*Time*. The detention/Saturday School room shall be

properly supervised by school personnel.

The student's failure to serve detention or Saturday School may result in additional disciplinary measures.

If you have questions or transportation concerns, please call me at school.

Sincerely,

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*Principal/Designee's Signature*

Review/Revised:

**Student Hearing Notice**

Date \_\_\_\_\_

Dear \_\_\_\_\_,

*Name of Parent/Guardian*

This letter is your official notice that the Board of Education has scheduled a hearing to consider expulsion of (*student's name*) \_\_\_\_\_.

The hearing will be held immediately following the Board meeting scheduled at (*time*) \_\_\_\_\_ on (*date*) \_\_\_\_\_ in the Board office at (*address*) \_\_\_\_\_. Please be present no later than (*time*) \_\_\_\_\_.

The specific charge(s) against your son/daughter is \_\_\_\_\_. Information related to the charge (s) is enclosed.

The pupil and/or his/her parents, legal guardian, or others on his/her behalf shall be given the opportunity to present oral or written testimony at the hearing. You may be represented by an attorney and present witnesses if you so desire.

Please plan to be present at this hearing.

Sincerely,

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*Superintendent/Designee's Signature*

Review/Revised:

**Disciplinary Hearing Form**

Student's Name _____			
<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____			
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Student's Age _____	Date of Birth _____	Sex _____	Student's Phone Number _____
Grade _____		Homeroom/Classroom _____	

DATE	NATURE OF INCIDENT	NAME(S) OF WITNESSES	ACTION TAKEN

Attach all other supporting information to this form—i.e., statement of witnesses, background of student, etc.

Review/Revised:

**Expulsion Notice**

Date \_\_\_\_\_

Dear \_\_\_\_\_,  
*Name of Parent/Guardian*

The Board of Education met on (date) \_\_\_\_\_ at which time it made the following decision:

- ☐ Because the Board found there was clear and convincing evidence that the student posed a safety threat to other students/staff of the school District, the decision was made to expel (*student's name*) \_\_\_\_\_ from the District and school activities under the control of the District beginning \_\_\_\_\_ *Date* and ending \_\_\_\_\_ *Date*.

- ☐ The decision was made to remove the student from the regular classroom setting, but continue to provide educational services in the following setting: \_\_\_\_\_ and time period: from \_\_\_\_\_ to \_\_\_\_\_. If conditions apply in order for educational services to continue, we have attached a copy of those conditions to this letter.

We regret the necessity of this action.

Please be assured of our desire for all children to receive an education, and feel free to contact this office for assistance in school-related matters.

Sincerely,

---

*Superintendent/Designee's Signature*

Review/Revised:



**Record of Student Arrest at School**

*This form shall be kept in the school office, and a duplicate copy shall be forwarded to the Central Office.*

Student's Name _____			
Last Name		First Name	Middle Initial
Student's Address _____			
City		State	ZIP Code
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
School _____	Grade _____	Teacher/Classroom _____	
Date of Arrest _____			

**LAW ENFORCEMENT AGENCY:** (Check one)

☐ City Police    ☐ County Sheriff    ☐ Kentucky State Police    ☐ Other: \_\_\_\_\_

**ARRESTING OFFICER:** \_\_\_\_\_

**NATURE OF THE OFFENSE CHARGED:** \_\_\_\_\_

**ISSUING AUTHORITY OF ARREST WARRANT:** \_\_\_\_\_

**PLACE OF CUSTODY:** \_\_\_\_\_

**PARENTS NOTIFIED BY:** \_\_\_\_\_ at: \_\_\_\_\_ on \_\_\_\_\_  
Employee Time Date

NOTE: If a student is an alleged victim of abuse or neglect by a parent, school officials shall follow directions provided by the investigating officer or Cabinet for Families and Children representative as to whether to contact a parent.

**PARENT/GUARDIAN NOTIFIED:** \_\_\_\_\_

\_\_\_\_\_  
Principal/Designee's Signature

\_\_\_\_\_  
Date

Review/Revised:

**Reporting of Code Violations**

Students wishing to report a violation of the Code of Acceptable Behavior and Discipline may report it to a classroom teacher, who shall take appropriate action as defined by the code. The teacher shall refer the report to the Principal/designee for further action when the report involves an offense that may warrant suspension or expulsion of a student, any felony offense, or a report that may be required by law, including reports to law enforcement.

**RETALIATION PROHIBITED**

Employees and other students shall not retaliate against a student because s/he reports a violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

Review/Revised:

**Parent Notification of Code Violation**\_\_\_\_\_  
*Date*

Dear parent/guardian,

On \_\_\_\_\_, your child, \_\_\_\_\_  
*Date* *Student's Name*was involved in a serious incident, which took place at \_\_\_\_\_.  
*Location*

At this time, the following information has been reported to me concerning the incident:

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Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

Please contact me directly if you have questions about this information. I can be reached at

\_\_\_\_\_  
*Telephone Number*

Sincerely,

\_\_\_\_\_, Principal

**RETALIATION PROHIBITED**

Employees and other students shall not retaliate against a student because s/he reports a violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

Review/Revised: