

08-May-13

### KSBA Procedure Service 2013 Procedure Update (#17) Checklist

**District:** Spencer County Schools

So that we can track and store your District's administrative procedures in our procedure database, please indicate below what decision you have made on the proposed new/revised procedures enclosed for your review. We will forward printed or reproducible copies of the procedures when we receive this form.

Procedure Number	Accept as Written	Accept with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
01.44 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.6 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
02.442 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.111 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.12322 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.3 AP.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.47 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.111	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.251	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.4341 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Procedure Number	Accept as Written	Accept with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
09.2212 AP12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP 232	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

\*Please attach a copy of the modified procedure. DO NOT RETYPE the procedure - simply indicate the district-initiated changes by writing in colored ink, circling, highlighting, etc.

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

**Please return this completed form to KSBA at your earliest opportunity.  
Please contact your KSBA Consultant IF you need KSBA to completely reprint all procedure pages or to order additional new manuals, instead of just getting copies of the updated procedures.**

Add :

09.36 AP.2111 - Medication Permission

04.312 AP 2 - Refusal and Release of Proceeds from Fundraiser

Amend:

03.1237 AP.2 Jury Leave Affidavit (same changes to 03.2237 AP.2)

03.125 AP.21 Travel Request

03.125 AP.22 Standard Invoice for Travel

04.31 AP.1 Purchasing

EXPLANATION: KRS 61.823 (4) (B) ALLOWS A PUBLIC AGENCY TO NOTIFY MEMBERS AND MEDIA ORGANIZATIONS OF SPECIAL CALLED MEETINGS VIA EMAIL IF A WRITTEN REQUEST IS ON FILE. THIS OPTIONAL NEW FORM MAY BE USED TO SATISFY THAT REQUIREMENT FOR BOARD MEMBERS, COUNCIL MEMBERS OR MEMBERS OF COMMITTEES APPOINTED BY A BOARD OR COUNCIL.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.44 AP.21

**Request to Receive Special Meeting Notification by Email**

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

Agency: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Check** if you are:  Member of Board or Council or of Board/Council Committee  
 Media Organization (with written request on file)

***I prefer to receive and specifically authorize the furnishing of electronic mail notification of special called meetings in lieu of notice by personal delivery, facsimile machine, or mail.***

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

This form shall be submitted to, and kept on file by, the Central Office or School Office, as appropriate.

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EXPLANATION: THE 2013 GENERAL ASSEMBLY ENACTED A NEW SECTION OF KRS CHAPTER 158 TO EXEMPT SCHOOL EMERGENCY PLANS AND DIAGRAMS FROM PUBLIC ACCESS.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

**Request to Examine and/or Copy District Records**

**PUBLIC ACCESS**

Records of the Board, except those specifically exempted by statute, are open to public inspection at the Office of the Superintendent. Persons desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office and of each school building, as appropriate.

**Records exempted from public access include:**

1. Records of a personal nature where public disclosure is an invasion of personal privacy.
2. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
3. Records or negotiation of real estate transactions until such time as property has been acquired.
4. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
5. Preliminary drafts and recommendations.
6. Student records are prohibited from being released by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.
7. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
8. Emergency plan and diagram of a school.

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**Records Requested From:**

Records Custodian: \_\_\_\_\_

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

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

**Records Requested By:**

Name (MUST BE PRINTED): \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**Specify in detail the record(s) requested. Attach another page, if necessary.**

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

\_\_\_\_\_  
*Signature of Person Requesting Record(s)*

\_\_\_\_\_  
*Month/Day/Year*

**Please attach requests made by letter or FAX to this form.**

**Request to Examine and/or Copy District Records**

Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requester does not pick up the copies.

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

**For Office Use Only**

Records Request received by \_\_\_\_\_ Date \_\_\_\_\_  
Records Request referred to (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
Records Request complied with by \_\_\_\_\_ Date \_\_\_\_\_  
Records request  Approved  Not approved (explanation attached)

EXPLANATION: CHANGES NOTED ARE SUGGESTED TO REFLECT REQUIREMENTS OF RECENTLY REVISED 703 KAR 5:225. THESE CHANGES HAVE BEEN REVIEWED BY THE KDE OFFICE OF NEXT GENERATION SCHOOLS AND DISTRICTS.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

ADMINISTRATION

02.442 AP.21

### School Improvement Plan Reports

The council, or Principal in a school without a council, shall organize the school improvement planning process in accordance with Board policy and the following procedures. Selection of committee members shall reflect reasonable minority representation and encourage active minority participation and include input from parents, faculty and staff.

#### PROCESS GUIDELINES

Consistent with requirements of 703 KAR 5:225, the council/committee shall:

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1. Analyze performance data for the school's students, including an annual review of disaggregated assessment data.
2. *Review gap targets* established by the Board. (Upon agreement of the Superintendent and SBDM council, or the Principal if there is not a council, the Board shall establish a biennial target for the school for reducing identified gaps in achievement.)
3. *Conduct a comprehensive needs assessment for the school.*
4. Document progress notes ~~Conduct implementation and impact check(s)~~ to evaluate plan activities and achievement of plan goals and objectives, with results to be reported to the council/committee and to the Board via the Superintendent.

The council/committee also shall provide information and updates, as directed by the Superintendent/designee, to promote communication and coordination between the District Planning Committee and school councils.

5. *Schedule an review and update* of the plan by the council/committee at least once a year, as determined by the committee.
6. *Submit updated plan* to Superintendent, Board and community for review and comment.
7. *Submit school's Section 7 allocation requests* to the Board, aligned with the CSIP and as approved by the council/committee or Principal.
8. *Maintain copies of the plan* for five (5) years and other documentation to illustrate compliance with state and federal requirements

**School Improvement Planning**

**FORMAT OF WRITTEN PLAN**

COMPONENT	PERSON(S) RESPONSIBLE	TARGET DATE	DATE COMPLETED
MISSION STATEMENT			
GOALS (FOCUSING ON STUDENT PERFORMANCE AND ACHIEVEMENT GAPS)			
OBJECTIVES (SCHOOL CHANGES NEEDED TO REACH GOALS)			
PRIORITY NEEDS:			
<ul style="list-style-type: none"> <li>▪ addressing student performance weaknesses</li> <li>▪ closing achievement gaps</li> </ul>			
ACTION COMPONENTS (STRATEGIES & ACTIVITIES) CONSISTENT WITH BOARD/COUNCIL ROLES			
PLAN ACTIVITIES/METHOD TO EVALUATE PLAN			
SCHEDULED IMPLEMENTATION & IMPACT CHECK(S) INCLUDING REPORTS TO COUNCIL/COMMITTEE AND BOARD – RECOMMENDED AT LEAST ONCE ANNUALLY			
ASSURANCE SUMMARY OF PROCESS USED TO DEVELOP PLAN			
OTHER PROCESS COMPONENTS REQUIRED BY 703 KAR 5:225:			

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EXPLANATION: CHANGES ARE SUGGESTED TO CLARIFY THAT (1) THIS FORM IS TO GIVE A HEALTH CARE PROVIDER PERMISSION TO RELEASE MEDICAL INFORMATION TO DESIGNATED PARTIES; AND (2) ADDITIONAL PROTECTIONS ARE REQUIRED UNDER STATE LAW CONCERNING REDISCLOSURE OF HIV INFORMATION.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.111 AP.21

**Request for Protected Health Information**

This form ~~should~~ may be used ~~when to grant~~ release of a patient's protected health information ~~is being made~~ to by the health care provider for an employee or student for ~~a purposes~~ other than treatment, payment or health care operations.

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
*Name of Employee, Student 18 or older, or Parent/Guardian*      *Name of Physician/Practice*  
to use and/or disclose my protected health information described below to \_\_\_\_\_  
*School District*

My protected health information will be used or disclosed upon request for the following purposes (name and explain each purpose): \_\_\_\_\_  
\_\_\_\_\_

This authorization for use and/or disclosure applies to the following information (please mark those that apply):

- Any and all records in the possession of the above-named physician or physician's practice, including mental health, HIV, and/or substance abuse records. (Please cross out any item you do not authorize to be released.)
- Records regarding treatment for the following condition or injury \_\_\_\_\_ on or about \_\_\_\_\_.
- Records covering the period of time \_\_\_\_\_ to \_\_\_\_\_.
- Other (Specify and include dates.) \_\_\_\_\_.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to above-named physician/practice. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that the above-named physician/practice may not condition treatment or payment on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal laws and regulations regarding the privacy of my protected health information. **NOTE: Redisclosure of HIV information shall comply with KRS 214.181 and KRS 214.625, which impose additional limitations on release of such information.**

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This authorization expires on the following date or event: \_\_\_\_\_

I certify that I have received a copy of this authorization.

\_\_\_\_\_  
*Signature of Patient or Personal-Legally Recognized Representative*

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

\_\_\_\_\_  
*Name of Patient or Personal-Legally Recognized Representative*

\_\_\_\_\_  
*Personal-Legally Recognized Representative's Authority*



EXPLANATION: AMENDED FEDERAL FAMILY AND MEDICAL LEAVE REGULATIONS WENT INTO EFFECT IN MARCH CONCERNING MILITARY CAREGIVER LEAVE AND QUALIFYING EXIGENCY REQUESTS.  
FINANCIAL IMPLICATIONS: COST OF REPRINTING FORMS

PERSONNEL

03.12322 AP. 21

**Request for Family and Medical Leave of Absence**

**FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.**

Name \_\_\_\_\_ Position/School \_\_\_\_\_ Hire Date \_\_\_\_\_

I request Family and Medical Leave for the following reason:

- My personal serious health condition
- Serious health condition of my parent
- Birth and care of my newborn child
- Placement by the state of a child with me for foster care
- Serious health condition of my child
- Serious health condition of my spouse
- Adoption of a child(ren)
- Covered Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves in support of a contingency plan:
  - spouse  child  parent
- Covered family service member or veteran has incurred or aggravated an serious injury or illness in the line of duty while on active duty in the Armed Forces that has rendered or may render the family member medically unfit to perform duties of his/her office, grade, rank or rating that I believe qualifies me to take FMLA military caregiver leave:
  - spouse  child  parent  next-of-kin

Extension of leave requested earlier on \_\_\_\_\_  
*Date*

The leave/extension requested will begin on \_\_\_\_\_ and end on \_\_\_\_\_  
*Date Date*

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.

\_\_\_\_\_  
*Employee's Signature*

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

**IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.**

Spouse's Name \_\_\_\_\_ Position/School \_\_\_\_\_ Hire Date \_\_\_\_\_

S/he has requested Family and Medical Leave for the following reason:  Birth/care of child  
 Illness of child  Adoption/foster care of a child(ren)  Military service injury/illness

\_\_\_\_\_  
*Spouse's Signature*

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

This form was received by the following person:

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

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

PERSONNEL

03.12322 AP. 21  
(CONTINUED)

**Request for Family and Medical Leave of Absence**

**NOTES**

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

DRAFT (07/15/13)

PERSONNEL

03.1237 AP.2

**Jury Leave Affidavit**

**THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.**

**JURY LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1237**

Date(s) of jury leave: \_\_\_\_\_

\_\_\_\_\_

Total Days: \_\_\_\_\_

Court-issued jury duty pay amount (expense monies not included) shall be deducted from the employee's compensation check.

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Employee signs over court-issued jury duty check (less expense monies)

Employee reimburses the District for jury pay (less expense monies)

\_\_\_\_\_  
*Signature of Superintendent/Designee*

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

\_\_\_\_\_  
*Employee's Signature*

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

**Travel Request Form**

NAME \_\_\_\_\_

Board Member                       Employee                       Other, as specified \_\_\_\_\_

School/Work Site \_\_\_\_\_ Conference/Workshop \_\_\_\_\_

Date(s) \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Rationale for Attendance: \_\_\_\_\_

Expenses paid by:     Individual     Board     Special Education     KEA     Co-op  
 School Council     Other, as specified \_\_\_\_\_

Substitute Needed?     No     Yes Number of Days \_\_\_\_\_

Registration Reimbursement Requested                       No     Yes, Amount: \_\_\_\_\_

Estimated Mileage    Total Miles: \_\_\_\_\_ Total Cost \$ \_\_\_\_\_

*Mileage will be reimbursed at 40¢ per mile.*

Lodging Reimbursement Requested                       No     Yes

Amount per night \_\_\_\_\_  Regular Rate  Business Rate  Conference Rate

*The District will not reimburse for lodging expenses for guests/traveling companions.*

Meals Reimbursement Requested:                       No     Yes

Per diem rates: Breakfast \$79; Lunch \$1014; Dinner \$1823

*Overnight stay is required for meal reimbursement.*

Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 20% of the meal charge. Receipts required for *all* expenditures except for meals which are paid on a per diem basis.

**After Conference/Workshop, turn in expenses for registration, lodging, meals, and other related charges on a Travel Voucher Form (03.125 AP.22) and attach receipts, as appropriate, *within one (1) week of travel.***

\_\_\_\_\_  
*Applicant's Signature*

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

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

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

**Standard Invoice for Travel Expense**

Please complete all requested information to expedite your reimbursement.

Org \_\_\_\_\_ Object \_\_\_\_\_ Project \_\_\_\_\_  
 Name \_\_\_\_\_  Board Member  Employee  Itinerant Employee Date Submitted \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ ZIP \_\_\_\_\_

DATE	TIME		LOCATION/PURPOSE	MILEAGE		FOOD*		LODGING	REGISTRATION	OTHER	TOTAL
	Depart	Return		# of Miles	\$ Amount	Meals	Tips				
TOTALS											<b>GRAND TOTAL:</b>

Overnight stay is required for meal reimbursement. Meals will be reimbursed at the per diem rate established by the Board, plus 20% for tips.

Mileage will be reimbursed at 40¢ per mile. Please attach your Mapquest and all receipts for expense reimbursement. (meal receipts not required).

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Superintendent/Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use: # of Breakfast @ \$ \_\_\_\_\_ # of Lunch @ \$ \_\_\_\_\_ # of Dinner @\$ \_\_\_\_\_

Total Meal Reimbursement \$ \_\_\_\_\_

**Purchasing****SCHOOL PURCHASING**

1. Funds for expenditures authorized by the approved budget are allocated to each Principal and school council who will advise staff of the available appropriations.
2. Principal/School Council shall budget the allocations available to the school. All purchases made from Board allocations shall be on Board purchase orders.
3. Purchase orders shall be completed by the department head or teacher and sent to the Principal /designee for approval.
4. If the purchase order is approved, the Principal/designee shall record the date, vendor and amount of the purchase on the appropriate record form (computer or binder).
5. The purchase order is then forwarded to the school/Central Office designee.
6. Unless otherwise specified, copies of the purchase order shall be forwarded to the vendor, the school/District finance officer and the person who placed the order.
7. When an order arrives, the person who placed the order checks the items received, signs and dates the receiving report or packing slip. A notation is made on the receiving report or packing slip as to the condition of the items received and any shortage in the shipment. The receiving report or packing slip is then returned to the school/District finance officer to be matched with the invoice.
8. The school/District finance officer clears the invoice for payment and charges the expenditure to the appropriate school account. The Superintendent/designee shall send a budget update to each school at once each month.
9. If a purchase needs to be made on an emergency basis as defined by the Principal/designee, the employee shall complete a purchase order, obtain the signature of the Principal/designee, and arrange for the purchase. The employee shall then complete all other purchasing procedures.
10. All orders for the current fiscal year must be approved by the Principal/designee by April ~~15~~30.
11. All invoices for the current fiscal year must be presented to the school/Central Office designee by the close of business May 30.

**Purchasing****DISTRICT PURCHASING**

1. Expenditures authorized in the approved budget are allocated to authorized Central Office personnel who make purchases. All purchases made from these allocations shall be on Board purchase orders.
2. Purchase orders shall be completed and sent to the Superintendent/designee for approval.
3. If approved, the order is placed, copies of the purchase order are distributed, as appropriate, and a record of the purchase is completed.
4. When an order arrives, the person who placed the order checks the items received, signs and dates the appropriate copy of the purchase order. A notation is made on the receiving report as to the condition of the items received and any shortage in the shipment. The receiving report is then returned to the District finance officer for payment.
5. If a purchase needs to be made on an emergency basis as defined by the Superintendent/designee, the employee shall complete a purchase order, obtain the signature of the Superintendent/designee, and arrange for the purchase. The employee shall then complete all other purchasing procedures.
6. All orders for the current fiscal year must be approved by the Superintendent/designee by ~~April~~ May 15.
7. All invoices for the current fiscal year must be presented to the Central Office designee by the close of business ~~May 30~~ June 15.

EXPLANATION: BOOSTER CLUB REQUIREMENTS HAVE BEEN REVISED IN THE ACCOUNTING PROCEDURES FOR KENTUCKY SCHOOL ACTIVITY FUNDS ISSUED BY THE KENTUCKY DEPARTMENT OF EDUCATION  
 FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT (07/15/13)

**SCHOOL FACILITIES**

05.3 AP.1

**Community Use of School Facilities**

**PRIMARY PURPOSE**

School facilities are for the primary purpose of meeting the educational needs of school-age youth in the district. However, with reasonable policies and procedures, the school can assist the community in meeting social, civic, recreational and cultural needs by effective utilization of school facilities.

**PRIORITY FOR USE OF SCHOOL FACILITIES**

Priority	Examples of Groups	Approval	Scheduling	Fees Charged	Proof of Liability Insurance
I - School Groups	Educational programs that are an outgrowth of classroom instruction including, but not limited to, science fairs, plays, exhibits and concerts. Interscholastic activities including athletic teams, speech and debate, band competition and academic competition. Any school group that requires a faculty sponsor including, but not limited to, all school-sponsored clubs, homerooms, honor societies and student council.	Principal/ designee	Principal/ designee	None	None required



Community Use of School Facilities

**PRIORITY FOR USE OF SCHOOL FACILITIES (CONTINUED)**

Priority	Examples of Groups	Approval	Scheduling	Fees Charged	Proof of Liability Insurance
II - School-Related Community Groups and Not-for-Profit Groups (See footnotes below.)	District Adult/Community education programs Parent-Teacher Association/Organization <sup>1</sup> Booster Groups - academic, athletic and band <sup>1</sup> 4-H Clubs <sup>1</sup> Scout groups <sup>1</sup> County Recreation Programs <sup>4</sup> Little League and/or comparable groups including, but not limited to, YMCA Spencer County Parks and Recreation <sup>4</sup> Adult farmers Civic clubs Industrial groups Church groups Homemakers Farm Bureau Historical Society	Superintendent/designee	Principal/designee (working with the Supt./designee)	2 Custodial fee <u>for school/student related groups</u> waived if cleanup provided by the group is adequate, as determined by District representative. <u>All other groups will be charged custodial fees.</u>	None required Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board policy 05.3. <u>NOTE: All external support/booster organizations are required to carry separate insurance for general liability with appropriate coverage to operate their organization. (Accounting Procedures for Kentucky School Activity Funds)</u>
III - Meetings of General Public <sup>3</sup>	General meetings of various community groups including, but not limited to, political parties, and admission-charging activities.	Superintendent/designee	Superintendent/designee (working with the Principal/designee)	Usage and custodial fees, as designated in contract.	As specified in the contract for high risk, profit-making, advertised, and/or admission-charging activities. Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board policy 05.3.

**FOOD SERVICE**

Eligible groups may contract for meals to be served in school dining areas. Use of kitchen equipment requires the presence of a School Food Service employee.

**Community Use of School Facilities**

**PUBLIC ELECTIONS**

School facilities may be used for public elections without charge.

**SPECIAL/EMERGENCY USE**

Special/emergency use of facilities may be approved by the Superintendent/designee with explanation made to the Board at its next regular meeting.

**FOOTNOTES**

<sup>1</sup> Any group or organization that contracts to use school district facilities on a frequent and on-going basis (more than once each month) will be placed in category III.

<sup>2</sup> All custodial fees will be charged at time and one-half plus all benefits.

<sup>3</sup> Supervision shall be provided as directed by Board policy 05.3.

<sup>4</sup> Groups or organizations may use **inside** school district facilities on a frequent and on-going basis (more than once each month) without being placed in category III. The group or organization must pay a custodial fee for times beyond normal custodial hours.

EXPLANATION: THE 2013 GENERAL ASSEMBLY ENACTED A NEW SECTION OF KRS CHAPTER 158 CONCERNING SCHEDULING OF EARTHQUAKE DRILLS.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

05.47 AP.1

### **Earthquakes**

The Principal shall schedule a minimum of two (2) earthquake and safe area evacuation drills during each school year. Drills shall be held during the first thirty (30) instructional days of the school year and in January. Whenever possible, first responders shall be invited to observe emergency response drills. After each drill, Procedure 05.41 AP.2 shall be completed and submitted to the Superintendent.

#### **RESPONSIBILITIES OF PRINCIPAL/DESIGNEE**

The Principal/designee shall:

1. Provide a plan of pre-drill and pre-training instruction, including but not limited to, warning signals and safe areas for all staff and students.
2. Plan/coordinate all drills to minimize disruption of the educational process.
3. Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
4. Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
5. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

#### **FACULTY/STAFF RESPONSIBILITIES**

Faculty/staff shall post in each room and discuss with each class rules for earthquake preparedness, including student responsibilities; maintain order during the drill or quake and arrange for the assistance of students with disabilities; and report to the Principal any student who is missing.

##### **A. If indoors**

1. Drop and take cover under desks, tables, or other heavy furniture, in interior doorways or narrow halls, or against weight-bearing inside walls.
2. Stay away from windows, light fixtures, and suspended objects.
3. Under no circumstances should persons rush through or outside the building, exposing themselves to falling debris, live wires, etc.
4. After the tremors have ceased, evacuate the building and move all personnel to safe areas.

##### **B. If outdoors**

1. As appropriate, move away from building.
2. Avoid utility poles and over-head wires.
3. Do not enter any building that has sustained damage until competent personnel have examined the building and declared it safe.
4. Before students and staff are permitted to re-enter a building, the building must be checked for structural soundness, including but not limited to, the integrity of electrical wiring, heating and fuel systems, and water distribution system.

#### **RELATED PROCEDURE:**

05.41 AP.2

EXPLANATION: CLARIFICATION IS PROVIDED CONCERNING NOTIFICATION OF PARENTS/STUDENTS ABOUT ISSUANCE OF A COURT ORDER OR SUBPOENA; AND DISCLOSURE TO A PARTY WITH WRITTEN CONSENT FROM A PARENT OR ELIGIBLE STUDENT IS NOT REQUIRED TO BE LOGGED.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.11

### **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/designee 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. 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. 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. In compliance with FERPA, notice to the parent is not required unless when a court order provides directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

5. 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.

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.

**Family Educational Rights and Privacy Act**

6. 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.
7. 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.
8. 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. Disclosure to a party with written consent from a parent or eligible student.
  - ~~e.~~ Disclosures of directory information, or
  - ~~f.~~ 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.
9. 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

EXPLANATION: CLARIFICATION IS PROVIDED CONCERNING NOTIFICATION OF PARENTS/STUDENTS ABOUT ISSUANCE OF A COURT ORDER OR SUBPOENA AND REQUIREMENTS FOR RELEASE OF STUDENT INFORMATION THAT IS PART OF OUTSOURCED SERVICES OR FUNCTIONS.  
FINANCIAL IMPACT: NONE ANTICIPATED

STUDENTS

09.14 AP.111

### **Notification of FERPA Rights**

Distribute this notice annually to parents and students.

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. This may include contractors, consultants, volunteers, and other parties to whom the District has outsourced services or functions.

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- 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.

Designated Kentucky State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency.

- 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 prohibit the disclosure of personally identifiable information concerning the student to recruiting representatives of the U. S. Armed Forces and its service academies, the Kentucky Air National Guard, and the Kentucky Army National Guard.***

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.

- 7. ***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

EXPLANATION: INCLUDING STUDENT INFORMATION SUCH AS NAME, PICTURE, ETC., IN SCHOOL/DISTRICT PUBLICATIONS THAT ARE PRODUCED FOR FUND-RAISING PURPOSES REQUIRE PRIOR PARENT PERMISSION. THESE CHANGES PROTECT A STUDENT'S PUBLICITY RIGHTS UNDER LAW.

STUDENTS

09.14 AP.12

**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. We are required to disclose a student's name, address, and telephone listing at the request of Armed Forces recruiters, unless a parent or secondary school student, regardless of age, requests that this information *not* be disclosed.

*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.

<i>Student Directory Information Listing</i>				
<p style="text-align: center;"><b>Section I</b> <b>Third Parties, Limited to Institutions of Higher Education &amp; Potential Employers</b></p> <p>(Parent or student 18 or older may sign below to direct the District to withhold information in this section.)</p> <p><b>CHOOSE ONE OF THE OPTIONS BELOW:</b>  <input type="checkbox"/> <b>Option 1:</b> The District <b>MAY NOT RELEASE ANY</b> information listed below.  <input type="checkbox"/> <b>Option 2:</b> The District <b>MAY RELEASE ONLY</b> the information checked below.</p> <p><i>If you choose Option 2, check the item(s) of information listed below that the District may release.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Student's name  <input type="checkbox"/> Student's address  <input type="checkbox"/> Student's school email address  <input type="checkbox"/> Student's telephone number  <input type="checkbox"/> Student's date and place of birth  <input type="checkbox"/> Student's major field of study  <input type="checkbox"/> Information about the student's participation in officially recognized activities and sports                 </td> <td style="width: 50%; border: none; vertical-align: top;"> <input type="checkbox"/> Student's weight and height (if a member of an athletic team)  <input type="checkbox"/> Student's dates of attendance  <input type="checkbox"/> Degrees, honors and awards the student has received  <input type="checkbox"/> Student's photograph/picture  <input type="checkbox"/> Most recent educational institution attended by the student  <input type="checkbox"/> Grade level                 </td> </tr> </table>	<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's school email address <input type="checkbox"/> Student's telephone number <input type="checkbox"/> Student's date and place of birth <input type="checkbox"/> Student's major field of study <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) <input type="checkbox"/> Student's dates of attendance <input type="checkbox"/> Degrees, honors and awards the student has received <input type="checkbox"/> Student's photograph/picture <input type="checkbox"/> Most recent educational institution attended by the student <input type="checkbox"/> Grade level	<p style="text-align: center;"><b>Section II</b> <b>Armed Forces Recruiters</b></p> <p>(Parent or secondary school student, regardless of age, may sign below to direct the District to withhold information in this section.)</p> <p><b>Choose one of the Options below:</b>  <input type="checkbox"/> <b>Option 1:</b> The District <b>MAY NOT RELEASE ANY</b> information listed below.  <input type="checkbox"/> <b>Option 2:</b> The District <b>MAY RELEASE ONLY</b> the information checked below.</p> <p><i>If you choose Option 2, check the item(s) of information listed below that the District may release.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 100%; border: none; vertical-align: top;"> <input type="checkbox"/> Student's name  <input type="checkbox"/> Student's address  <input type="checkbox"/> Student's telephone number (if listed)                 </td> </tr> </table>	<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's telephone number (if listed)
<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's school email address <input type="checkbox"/> Student's telephone number <input type="checkbox"/> Student's date and place of birth <input type="checkbox"/> Student's major field of study <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) <input type="checkbox"/> Student's dates of attendance <input type="checkbox"/> Degrees, honors and awards the student has received <input type="checkbox"/> Student's photograph/picture <input type="checkbox"/> Most recent educational institution attended by the student <input type="checkbox"/> Grade level			
<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's telephone number (if listed)				

**NOTE: IF DIRECTED TO WITHHOLD A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH IS TO BE WITHHELD, THE THAT INFORMATION WILL NOT BE INCLUDED IN THE SCHOOL'S YEARBOOK, PROGRAM EVENTS, OR OTHER SUCH ANY SCHOOL OR DISTRICT PUBLICATION RELEASED TO THE PUBLIC. A PARENT WISHING TO PERMIT SUCH INFORMATION ABOUT HIS/HER CHILD (NAME, PICTURE, ETC.) TO BE INCLUDED IN A SCHOOL OR DISTRICT PUBLICATION (YEARBOOK, SPORTS PROGRAM, ETC.) THAT IS SOLD FOR FUND-RAISING PURPOSES MUST PROVIDE WRITTEN CONSENT FOR SUCH PURPOSES.**

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\_\_\_\_\_  
*Parent/Student Signature*

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



EXPLANATION: CLARIFICATION DIRECTING THAT FEDERAL FERPA REGULATIONS DO NOT REQUIRE THAT DISTRICTS LOG INFORMATION ABOUT RELEASE OF DIRECTORY INFORMATION, OR RECORDS RELEASED WITH WRITTEN PARENT OR ELIGIBLE STUDENT CONSENT. FINANCIAL IMPLICATIONS: COST TO REPRINT LOGS

STUDENTS

09.14 AP.22

**Student Record Logs**

INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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, records released pursuant to written parent or eligible student consent, release of directory information, 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.

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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	/

STUDENTS

09.14 AP.22  
(CONTINUED)

**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)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

EXPLANATION: A NEW FEDERAL REGULATION ALLOWS DISTRICTS TO OBTAIN PARENT CONSENT ON A ONE TIME BASIS FOR MEDICAID BILLING PURPOSES. ADDITIONAL CONSENT WILL NOT BE NECESSARY.

FINANCIAL IMPLICATIONS: USE OF THIS FORM WILL SAVE STAFF TIME AND FACILITATE MORE TIMELY RECEIPT OF MEDICAID REIMBURSEMENTS TO THE DISTRICT.

STUDENTS

09.14 AP.24

**Authorization for Release/Inspection of Student Records/Medicaid Consent**  
**TO 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 to whom this information is to be released is \_\_\_\_\_.

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

RECORDS	REASON/PURPOSE
<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"/> Special education records only	
<input type="checkbox"/> Other: _____	

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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

STUDENTS

09.14 AP.24  
(CONTINUED)

**Authorization for Release/Inspection of Student Records/Medicaid Consent**  
**TO THIRD PARTY**

**MEDICAID CONSENT**

- I have received my Annual Notification of Parent Rights regarding Medicaid billing, and I understand and agree that the District may access my child's or my public benefits or insurance to pay for services under the Individuals with Disabilities Education Act. (This also authorizes release of education records as specified above.)

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

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

EXPLANATION: CHANGES ARE RECOMMENDED TO CLARIFY THAT IF THE IMAGE, VOICE, OR WORK OF A STUDENT IS TO BE INCLUDED IN A PUBLICATION AS PART OF A COMMERCIAL, FOR-PROFIT, OR FUND-RAISING ENDEAVOR (INCLUDING YEARBOOKS), AFFIRMATIVE AUTHORIZATION OF THE PARENT/GUARDIAN OR ELIGIBLE STUDENT MUST BE OBTAINED. FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.251

**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 or fund-raising 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 and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during special occasions when other parents may take pictures or may tape the event.

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/preference by notifying the Principal in writing of your request.

As the parent (s)/guardian(s) of \_\_\_\_\_, I/we give the  
*Student's Name*  
\_\_\_\_\_ School District permission to release my/our child's  
*Name of District*  
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*

**NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.**

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EXPLANATION: THIS PROPOSED NEW FORM WAS DESIGNED TO MEET THE REQUIREMENT IN 704 KAR 19:002 FOR THE BOARD TO PUT POLICIES AND PROCEDURES IN PLACE TO ADDRESS THE DISTRICT'S ALTERNATIVE EDUCATION PROGRAM.  
 FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.4341 AP.21

**Alternative Education Notification**

<u>STUDENT</u>	<u>AGE</u>	<u>BIRTHDATE</u>	
<u>SCHOOL</u>	<u>GRADE</u>	<u>GENDER</u>	<u>RACE</u>
<u>NAME OF PARENT/GUARDIAN</u>			
<u>EMAIL ADDRESS/HOME</u>		<u>EMAIL ADDRESS/WORK</u>	
<u>MAILING ADDRESS</u>	<u>PHONE WORK</u>	<u>HOME</u>	

Dear Parent/Guardian,

This letter is to notify you that your son/daughter has been assigned to the District Alternative Education Program. Reason(s) for the assignment include:

\_\_\_\_\_

\_\_\_\_\_

Your child's team looks forward to meeting with you to discuss development or amendment of the individual learning plan addendum for your child, and other matters related to provision of alternative education program services. The meeting will take place on \_\_\_\_\_ (DATE) at \_\_\_\_\_ (TIME) at \_\_\_\_\_ (LOCATION). If you are unable to attend, we will mail you written notification to explain the results of the meeting.

If you have questions, please contact me. Otherwise, please contact me to let me know if you will be attending this important meeting.

Sincerely,

\_\_\_\_\_

*Signature of School Personnel* *Date*

Contact's Telephone: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

**ADMINISTRATIVE NOTE:** Changes in educational placement for students identified under the IDEA or Section 504 shall be implemented consistent with applicable legal requirements.

**School-Related Student Trip Permission Slip, Medical Release Form,  
Transportation Waiver Form**

<b>Student's Name</b> _____			
_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>School</b> _____	<b>Grade</b> _____	<b>Homeroom/Classroom</b> _____	
<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.

**Medication Permission Form for Extended Day/Overnight Field Trips**

In some situations, students may be authorized to self-administer their own medication while on school-sponsored trips. A school employee will be responsible for keeping the medication in a safe and secure place while on a field trip until such time that the student requires the medication. At the appropriate time the medication will be available to the student to self-administer in the presence of the school employee. The medication must be in the original container with a valid expiration date. If the medication is prescribed by your healthcare provider, the original prescription label must be attached.

This form is required to be signed by the student’s healthcare provider and parent/guardian and returned to the school at least one (1) week prior to the actual field trip.

If your student requires medication during the field trip, please complete the following:

Student’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

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

Time of Administration: \_\_\_\_\_

Allergies: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

**By signing below, I acknowledge that the school employee is NOT responsible for administering the medication. The physician and I have instructed my child on the use and necessity of this medication and that he/she is capable of administering the medication independently.** I expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from the administration of this medication, any adverse effects or side effects resulting from the self-administration of, or a student’s refusal to take or administer this medication.

Parent Signature: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Parent Name: \_\_\_\_\_ (work): \_\_\_\_\_

(cell): \_\_\_\_\_

**By signing below, I acknowledge that I have instructed the student on the use and necessity of the medication and that s/he is capable of administering the medication independently.**

Doctor Signature: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_



**School-Related Student Trip Permission Slip, Medical Release Form,  
Transportation Waiver Form**

**WAIVER AND RELEASE RE: NON-SCHOOL DISTRICT TRANSPORTATION FOR SCHOOL TRIPS**

I am the parent/guardian of \_\_\_\_\_ who has qualified to  
Name of Student  
go on the following school-sponsored or student-endorsed trip:

\_\_\_\_\_

Insert description of school trip activity

I understand that the District will make transportation available to the above listed Student in district-owned vehicles or by Board approved certificated common carriers in connection with this trip or activity. Even though I have been informed and understand that the District will provide such transportation, I decline the use of such transportation for the Student and waive any privilege or right the Student may have to use such transportation in connection with the above listed trip. I further expressly represent and agree that the transportation of the Student in connection with the above listed trip or activity will be provided by a person other than a Student enrolled in the Spencer County School District who is over the age of twenty-one (21). I expressly represent that I qualify as such a person and intend to transport the Student by private vehicle or give my permission for \_\_\_\_\_

Name of adult (21 yrs. or over) or "N/A" if parent/guardian is transporting.

to transport the Student by private vehicle.

I understand and agree, individually and on behalf of the Student, that the Board of Education of Spencer County, Kentucky, its officers, agents, and employees, assume no liability, responsibility and will not otherwise be held accountable for either the means or safety of the transportation authorized by me for transporting the Student in connection with the above school trip or activity. By signing this form, I am specifically exercising my right and prerogative as a parent/guardian to transport or consent to the transport of the Student by private means in a non-school vehicle to the destination(s) called for by the school trip or activity even though I understand District transportation is available. I further agree to indemnify, hold harmless and release from liability the Board of Education of Spencer County, Kentucky, its officers, agents, and employees from any suit, demand, injuries, damages, or claims for damages of any form or description arising or said to arise out of the use of non-school transportation which I specifically authorize by signing below.

\_\_\_\_\_ Parent/Guardian of \_\_\_\_\_  
Signature of parent/guardian Name of student

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

\_\_\_\_\_ Signature of Principal/designee  
Date Received

**(TO BE KEPT ON FILE FOR ONE {1} YEAR FROM DATE OF RECEIPT)**

EXPLANATION: THESE ARE OPTIONAL NEW FORMS TO MEET REQUIREMENTS OF 704 KAR 7:160 FOR THE DISTRICT TO ESTABLISH NEW POLICY AND PROCEDURE(S) RELATED TO USE OF PHYSICAL RESTRAINT AND SECLUSION.

FINANCIAL IMPLICATIONS: ADDITIONAL STAFF TIME TO DOCUMENT AND IMPLEMENT REQUIRED PROCEDURES.

STUDENTS

09.2212 AP.21

**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

**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. 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
- Attendance record only
- Other: \_\_\_\_\_
- Grade records only
- Standardized test data only

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, 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*