

Notice of Expulsion/Conviction

Student's Name**(~~Circle One~~) ~~HAS~~ ~~HAS NOT~~****~~*BEEN EXPELLED FROM SCHOOL. IF HAS, WHICH SCHOOL YEAR(S) _____~~****(~~Circle One~~) ~~HAS~~ ~~HAS NOT~~****~~*BEEN ADJUDICATED GUILTY OR CONVICTED OR ONE OF THE FOLLOWING OFFENSES:~~****~~(CHECK EACH THAT APPLY)~~**~~_____ HOMICIDE~~~~_____ ASSAULT (INCLUDING SEXUAL ASSAULT)~~~~_____ POSSESSION AND/OR USE OF A WEAPON~~~~_____ POSSESSION AND/OR USE OF DRUGS~~~~_____ POSSESSION AND/OR USE OF ALCOHOL~~~~_____ OTHER (Explain) _____~~

~~SIGNATURE OF PARENT/GUARDIAN OR RESPONSIBLE AGENCY~~**~~DATE _____~~****~~THIS FORM IS TO BE USED WHEN ENROLLING A NEW STUDENT IN THE SCHOOL SYSTEM, EFFECTIVE 7-15-96.~~**

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:

GROWTH & DEVELOPMENT	PROVIDED BY
Preschool	Health Provider
First year primary	School Nurse
Second year primary	
Third year primary	
Fourth year primary	
Grade 5	
Grade 6	
Grade 7	
Grade 8	
VISION	PROVIDED BY
Preschool	School Nurse
First year primary	Lion's Club
Second year primary	
Third year primary	
Fourth year primary	
Grade 5	
Grade 6	
HEARING	PROVIDED BY
Preschool	School Nurse
First year primary	Speech/Hearing Teacher
Second year primary	

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 Requirements and Services**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. Preventive 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 Principal's 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

Administering Medication At School Forms**Consent, Release, and Covenant for Administering Medication**

The undersigned parent(s), guardian(s), requests employees of the District to administer medicine(s) to the hereinafter named student:

Student _____ Birthdate _____

Phone _____

Name of medication _____ Dosage (mg.) _____

Time(s) medication is to be given only while student is at school: _____

Diagnosis or reason for the medication: _____

Prescribing physician: _____

I understand the Board of Education Medication Policies and Procedures, Coded 09.2241, of the Board of Education Policies and Procedures Manual.

I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from such treatment.

I have read this consent form and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

I give my permission for the District schools and the attending physician to exchange information concerning my child's medical records.

Parent/Guardian

Date

Parent/Guardian

Date

Administering Medication At School Forms
Medication Procedures for In-Servicing Non-Medical Personnel

Name _____ Title _____ School _____

Activity	Performs activity in accordance with guideline		
	Date	Date	Date
Wash hands before and after procedure			
Give proper does of medication at proper time			
Compare labeled medication container with written order			
Read label three (3) times			
Check student's identity with name on label and explain procedure			
Record medications at time given and initial in ink on MAR			
Keeps record current			
Signature and initials must be included on MAR			
Re-lock medicine cabinet			

Date indicates procedure has been demonstrated in a competent manner.

Signature of School Nurse _____ Date _____

Administering Medication At School Forms
Supervision of School Personnel Administering Medications

I, _____ have in-serviced the individual
_____ *School Nurse*
designated below regarding medication procedures.

I, _____ have been instructed in the Medication-
_____ *Employee*
Procedures by _____ on _____
_____ *School Nurse* _____ *Date*
and feel competent to supervise students following the accepted guidelines.

I understand that I will be observed at least once annually according to the Medication
Procedures for In-servicing Non-Medical Personnel checklist.

_____ *Employee's Signature* _____ *Date*

_____ *Signature of School Health Nurse* _____ *Date*

Administering Medication At School Forms
Medication Administration Incident Report

School _____

Student _____

Birthdate _____ Date _____ Time _____

Date and time of error: _____

Name of person administering medication: _____

Name of medication and dosage prescribed: _____

DESCRIBE CIRCUMSTANCES LEADING TO ERROR: __________

_____**DESCRIBE ACTION TAKEN:** __________

_____**REACTIONS:** __________
_____**PERSONS NOTIFIED OF ERROR:**

Principal _____ Physician _____

School Nurse _____ Parent _____

Poison Control 1-800-722-5725

Name of person completing incident report: _____

Follow-up of information, if applicable: _____

Principal's Signature _____

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/designee for approval.

Name/Address of Business Firm _____

Representative's Name _____ **Phone #** _____

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

Description of Program _____

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* _____

STUDENTS

09.43 AP.21

Discipline Notice
HENDERSON COUNTY SCHOOLS

<u>SCHOOL</u>	<u>DATE</u>	<u>TIME</u>	<u>REFERRING STAFF</u>
<u>STUDENT NAME</u>	<u>SEX</u>	<u>GRADE</u>	<u>OFFENSE</u>
<u>ETHNIC CODE</u> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	<u>M</u> <input type="checkbox"/> <u>F</u> <input type="checkbox"/> <u>1</u> <input type="checkbox"/> <u>2</u> <input type="checkbox"/> <u>3</u> <input type="checkbox"/>	<u>BUS#</u>	<input type="checkbox"/> Bathroom <input type="checkbox"/> Locker Room <input type="checkbox"/> Bus <input type="checkbox"/> Off Campus <input type="checkbox"/> Bus Zone <input type="checkbox"/> Office <input type="checkbox"/> Cafeteria <input type="checkbox"/> Other <input type="checkbox"/> Classroom <input type="checkbox"/> Parking Lot <input type="checkbox"/> Commons <input type="checkbox"/> Playground <input type="checkbox"/> Gym <input type="checkbox"/> Special Event <input type="checkbox"/> Hall <input type="checkbox"/> Stadium <input type="checkbox"/> Library <input type="checkbox"/> Unknown
<u>FOR OFFICE USE ONLY</u> <u>DISCIPLINE CODE</u> <u>ACTION CODE</u> <u>LEVEL</u>			<input type="checkbox"/> More than three (3)

NOTICE TO PARENTS

The purpose of this report is to inform you of a disciplinary incident involving the student named above.
 You are urged to support the action taken by the teacher and to cooperate with the corrective action initiated today.

<u>Prior Action by Staff</u>	<u>Minor Problem Behavior</u>	<u>Major Problem Behavior</u>
<input type="checkbox"/> Conference With Student	<input type="checkbox"/> Defiance/Disrespect	<input type="checkbox"/> Abusive Language/Profanity
<input type="checkbox"/> Written Assignment	<input type="checkbox"/> Disruption	<input type="checkbox"/> Arson
<input type="checkbox"/> Changed Student Seating	<input type="checkbox"/> Dress Code	<input type="checkbox"/> Fighting
<input type="checkbox"/> Telephoned Parent/Guardian	<input type="checkbox"/> Inappropriate Language	<input type="checkbox"/> Bomb Threat
<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Profanity
<input type="checkbox"/> Sent Previous Notice	<input type="checkbox"/> Other	<input type="checkbox"/> Defiance/Disrespect
<input type="checkbox"/> Consulted Counselor	<input type="checkbox"/> Property Misuse	<input type="checkbox"/> Disruption
<input type="checkbox"/> Other _____	<input type="checkbox"/> Tardy	<input type="checkbox"/> Dress Code Violation
	<input type="checkbox"/> Technology Violation	<input type="checkbox"/> Fighting/Physical Aggression
	<input type="checkbox"/> Unknown	<input type="checkbox"/> Forgery/Theft
		<input type="checkbox"/> Gang Affiliation/Display
		<input type="checkbox"/> Harassment/Bullying
		<input type="checkbox"/> Inappropriate PDA
		<input type="checkbox"/> Lying/Cheating
		<input type="checkbox"/> Other
		<input type="checkbox"/> Property Damage
		<input type="checkbox"/> Skipping/Truancy
		<input type="checkbox"/> Tardy
		<input type="checkbox"/> Technology Violation
		<input type="checkbox"/> Unknown
		<input type="checkbox"/> Use/Possess Alcohol
		<input type="checkbox"/> Use/Possess Combustibles
		<input type="checkbox"/> Use/Possess Drugs
		<input type="checkbox"/> Use/Possess Tobacco
		<input type="checkbox"/> Use/Possess Weapons

Brief Description of Problem/Behavior: _____

Possible Motivation for Behavior Incident

Others Involved

<input type="checkbox"/> Obtain Peer Attention	<input type="checkbox"/> Obtain Adult Attention	<input type="checkbox"/> None	<input type="checkbox"/> Staff	<input type="checkbox"/> Unknown
<input type="checkbox"/> Obtain Item/Activity	<input type="checkbox"/> Avoid Tasks/Activities	<input type="checkbox"/> Peers	<input type="checkbox"/> Substitute	<input type="checkbox"/> Other
<input type="checkbox"/> Avoid Work	<input type="checkbox"/> Avoid Peers			
<input type="checkbox"/> Avoid Adults	<input type="checkbox"/> Unclear/Unknown			
<input type="checkbox"/> Other				

Administrative Decision: _____

(Action Taken By)

(Date)

(Student)

SCHOOL		DATE		TIME		TEACHER/DRIVER	
STUDENT NAME		SEX	GRADE	BUS OFFENSE		1 CAMPUS 6 HALL 2 COMMONS 7 BUS 3 CAFETERIA 8 GYM 4 BATHROOM 9 OFF-CAMPUS 5 CLASSROOM	
		<input checked="" type="checkbox"/> M <input type="checkbox"/> F		1 2 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> More than three (3)			
ETHNIC CODE 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>			BUS # _____				
FOR OFFICE USE ONLY							
DISCIPLINE CODE _____ ACTION CODE _____ LEVEL _____							

1. The purpose of this report is to inform you of a disciplinary incident involving the student named above.
2. You are urged to support the action taken by the teacher and to cooperate with the corrective action —initiated today.

PRIOR ACTION BY FACULTY		BUS INFRACTION	
<input type="checkbox"/> -CONFERENCE WITH STUDENT	<input type="checkbox"/> -PARENT CONFERENCE	<input type="checkbox"/> -REFUSING TO OBEY —DRIVER/MONITOR	<input type="checkbox"/> -BOTHERING OTHERS
<input type="checkbox"/> -WRITTEN ASSIGNMENT (PAGES)	<input type="checkbox"/> -SENT PREVIOUS NOTICE	<input type="checkbox"/> -FAILURE TO REMAIN SEATED	<input type="checkbox"/> -VANDALISM
<input type="checkbox"/> -CHANGED STUDENT SEATING	<input type="checkbox"/> -CONSULTED COUNSELOR	<input type="checkbox"/> -FIGHTING	<input type="checkbox"/> -PROFANITY
<input type="checkbox"/> -TELEPHONED PARENT OR —GUARDIAN	<input type="checkbox"/> _____	<input type="checkbox"/> -LIGHTING MATCHES	<input type="checkbox"/> -THROWING OBJECTS IN/OUT —BUS
		<input type="checkbox"/> -SMOKING/TOBACCO USE	<input type="checkbox"/> -OTHER
		<input type="checkbox"/> -SPITTING	
		<input type="checkbox"/> -EXTENDING OUT OF WINDOW	

TEACHER/DRIVER COMMENTS: _____

PRINCIPAL ACTION

(Action Taken By) _____ (Date) _____ (Student) _____

Notification to Parent of Detention/Saturday School

Date

Dear Parent/Guardian:

In compliance with Policy 09.432, I have assigned _____

Student's Name

to ☐ detention ☐ Saturday School on _____ for misconduct.

Date

~~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 _____.~~ The detention/Saturday School room shall be

Time

~~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,

Principal/Designee's Signature

Notice of Suspension

Transportation Code _____	Date _____ Comments _____				
RE: Student _____	Grade _____	Birth date _____	Race _____	Sex _____	Age _____

To: Mr. & Mrs. _____ and _____

I. Statement of Reasons for Suspension

A. The rule or standard of conduct which the student violated is as follows:

B. The specific acts which the student has done and which constitute a cause for suspension are as follows:

C. The incident was report by _____ at _____ o'clock

D. The infraction was investigated by _____ who _____

The following conditions shall apply:

He/She shall not be permitted to attend _____ for a period of _____ school days

The suspension shall begin _____ and end with the opening of the morning of _____

The parent should call to establish a conference which is a prerequisite for readmission.

(Principal)

(School)

NOTE:

If the day of suspension is not an actual school day (snow, ice, etc.), the day of suspension automatically extends to the next day school is in session.

GUIDELINES FOR EXPULSION AND EXCLUSION

In the event the Principal is faced with a situation warranting expulsion or exclusion of a student, he/she may suspend the student summarily for a period of five (5) school days or less pending a hearing (use suspension procedure previously outlined); must notify the Superintendent or his/her designee of his/her request to exclude or expel the student; notify parent/guardian within twenty-four (24) hours and follow with written notice relating the specific acts which the student has done constituting a cause for probable expulsion and citing these acts as the reason for the suspension which the Principal is imposing. If the student is NOT suspended pending the requested hearing, the Principal does not send a notice to the parent.

SPECIAL EDUCATION STUDENTS ONLY – CC DIRECTOR OF SPECIAL EDUCATION

Notice of Suspension

Kentucky Department of Education Division of Exceptional Children Services	District: Henderson County Schools District No. 251
<u>INCIDENT REPORT FOR CHILDREN AND YOUTH WITH DISABILITIES REMOVED FROM THEIR CURRENT SPECIAL EDUCATION PLACEMENT</u>	
II. STUDENT DATA:	
1. Disability _____	
2. Race/Ethnicity: _____	
3. Has this student previously been removed from his/her current educational placement? _____	
4. If yes, for how many cumulative days has the student been removed? _____	
5. For THIS Removal: Beginning Date _____ Ending Date: _____	
6. Total Days: This Removal _____ All Removals: _____	
III. INCIDENT DATA: (Select one response from either 1 or 2 below. Complete item 3 only when 2a or 2b is selected.)	
1. Removal of children from their current educational placement to an appropriate interim alternative educational setting for the same amount of time that children without disabilities would be subject to discipline, but not for more than forty-five (45) days.	
<input type="checkbox"/> a. Unilateral removal by the District Not through the ARC process that is the result of the use, possession, sale or solicitation of DRUGS as identified in 21 U.S.C. Section 812 and does not include tobacco:	
<input type="checkbox"/> b. Unilateral removal by the District Not through the ARC process that is the result of bringing a WEAPON , device, instrument, material, or substance, animate or inanimate, that is used for, or is readily capable of causing death or serious bodily injury except that such term does not include a pocket knife with a blade less than 2 ½ inches in length (18 U.S.C. Section 930).:	
<input type="checkbox"/> c. Removal based on a Hearing Officer determination regarding likely injury. Removal by the Hearing Officer is determined only after the school has demonstrated by substantial evidence that maintaining the child's current educational placement is substantially likely to result in injury to the child or others;	
2. Out-of-School suspensions for reasons other than drugs, weapons, or Hearing Officer determinations:	
<input type="checkbox"/> a Student is removed from his/her current educational placement for ten (10) cumulative days or less; or	
<input type="checkbox"/> b Student is removed from his/her current educational placement for greater than ten (10) cumulative days.	
3. Specify primary reason for Out-of-School Suspension in item 2a or 2b: (Other, (Specify)	

Notice of Suspension

_____ Transportation Code	Date _____ Comments _____				
RE: Student _____	Grade _____	Birth date _____	Race _____	Sex _____	Age _____

To: Mr. & Mrs. _____ and _____

I. Statement of Reasons for Suspension**A. The rule or standard of conduct which the student violated is as follows:**

B. The specific acts which the student has done and which constitute a cause for suspension are as follows:

C. The incident was report by _____ at _____ o'clock ☐ AM ☐ PM**D. The infraction was investigated by _____****The following conditions shall apply:**

The student shall not be permitted to attend _____ for a period of _____ school days

The suspension shall begin on _____ and end with the opening of school on _____

The parent should call to establish a conference which is a prerequisite for readmission.

Principal_____
School

NOTE: If the day of suspension is not an actual school day (snow, ice, etc.), the day of suspension automatically extends to the next days school is in session.

GUIDELINES FOR EXPULSION AND EXCLUSION

In the event the Principal is faced with a situation warranting expulsion or exclusion of a student, s/he may suspend the student summarily for a period of five (5) school days or less pending a hearing (use suspension procedure previously outlined), must notify the superintendent/designee of his/her request to exclude or expel the student, notify parent/guardian within twenty-four (24) hours and follow with written notice relating the specific acts which the student has done constituting a cause for probably expulsion and citing these acts as the reason for the suspension which the Principal is imposing. If the student is NOT suspended pending the requested hearing, the Principal does not send a notice to the parent.