



Administrative Procedures  
Updates For  
2016-2017

EXPLANATION: HB 5 IN THE 2014 GENERAL ASSEMBLY ESTABLISHED REQUIREMENTS FOR NOTIFICATION OF SECURITY BREACHES. FORMS TO PROVIDE NOTICE HAVE BEEN DEVELOPED AND ARE LOCATED ON THE KENTUCKY FINANCE & ADMINISTRATION CABINET WEBSITE.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: RECENTLY ENACTED 702 KAR 1:170 INCORPORATES THE KDE "DATA SECURITY AND BREACH NOTIFICATION BEST PRACTICE GUIDE." THIS PROCEDURE HAS BEEN UPDATED TO PROVIDE SUGGESTED INVESTIGATIVE STEPS.

FINANCIAL IMPLICATIONS: POSSIBLE COST OF INVESTIGATION

## POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.61 AP.11

### **Notice of Security Breach & Investigation Procedures**

#### **PROTECTION AND PREVENTION**

The District will take reasonable security measures in accordance with KRS 61.931 - KRS 61.933, to guard against the foreseeable loss or exposure of personal information that it maintains or possesses.

"Personal information" is defined as an individual's first and last name or first initial and last name; personal mark; or unique biometric or genetic print or image, along with any data element listed below:

- Account number, credit or debit card number, that, in combination with any required security code, access code, or password would permit access to an account;
- Social Security number;
- Taxpayer identification number that incorporates a Social Security number;
- Driver's license number, state identification card number, or other individual identification number issued by any agency;
- Passport number or other identification number issued by the United States government; or
- Individually identifiable health information as defined in 45 C.F.R. sec. 160.103 except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g.

Personal information does not include information that is lawfully made available to the general public pursuant to state or federal law or regulation.

A "security breach" refers to:

- an unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of unencrypted or unredacted records or data that compromises or is reasonably believed to compromise the security, confidentiality, or integrity of personal information and results in the likelihood of harm to one (1) or more individuals; or
- an unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of encrypted records or data containing personal information along with the confidential process or key to unencrypt the records or data that compromises or is reasonably believed to compromise the security, confidentiality, or integrity of personal information and results in the likelihood of harm to one (1) or more individuals.

## **Notice of Security Breach & Investigation Procedures**

### **PROTECTION AND PREVENTION (CONTINUED)**

A security breach does not include the good-faith acquisition of personal information by an employee, agent, or nonaffiliated third party of the agency for the purposes of the agency if the personal information is used for a purpose related to the agency and is not disclosed to others without authorization.

### **INITIAL ASSESSMENT/INVESTIGATION OF SECURITY INCIDENT AND NOTICE**

When the District receives information or notice prompting a reasonable belief that an event compromising the security of personal information maintained by the District or nonaffiliated third party on behalf of the District may have occurred, the District shall conduct a reasonable initial assessment or investigation to determine whether the event constitutes a “security breach” under the above definition.

Once it is determined that a security breach relating to personal information has occurred, the District shall within seventy-two (72) hours: 1) notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Kentucky Attorney General and the Education Commissioner and 2) begin a reasonable and prompt investigation to determine whether the security breach has resulted or is likely to result in the misuse of personal information.

### **FOLLOW-UP INVESTIGATION/ASSESSMENT IF SECURITY BREACH CONFIRMED**

If it is determined after initial investigation that a security breach has occurred, the District shall complete an investigation and assessment of the incident to determine whether the security breach has resulted or is likely to result in the misuse of personal information, which may include the following:

- Depending on the nature of the breach and sensitivity of information, take reasonable near-term steps to mitigate further unauthorized disclosure of personal information and risk of harm.
- Consider designating a lead investigator and investigative team with expertise keyed to the event (e.g. utilization of available District IT professionals if breach involves electronically maintained information, internet, or web resources).
- Interview relevant individuals to learn about the circumstances surrounding the incident and review logs, tapes or other resources.
- Identify individual(s) affected by the breach.
- Determine what personal information has been compromised and how disclosed.
- If applicable, identify affected machines, devices, and IT resources and preserve backups, images and hardware where possible.
- Estimate the likely impact of the compromised data’s exposure.
- Utilize professional assistance and consultation as necessary, analyze the likely cause of the breach.

## **Notice of Security Breach & Investigation Procedures**

### **FOLLOW-UP INVESTIGATION/ASSESSMENT IF SECURITY BREACH CONFIRMED (CONTINUED)**

- Coordinate internal and external communications related to the incident. Emphasize maintaining confidentiality during investigative stages of response activities.
- Seek involvement of law enforcement if there is reason to believe criminal activity has occurred.

### **SECURITY PROCEDURES AND PRACTICES**

~~The District shall implement, maintain, and update security procedures and practices, including taking any appropriate corrective action, to protect and safeguard against security breaches.~~

~~Once it is determined by the District or the District is notified of a security breach relating to personal information the following shall take place as soon as possible, but within seventy-two (72) hours of the determination:~~

- ~~1. Notify the Commissioner of the Kentucky State Police, Auditor of Public Accounts, Attorney General and the Commissioner of Education; and~~
- ~~1. Begin conducting a reasonable and prompt investigation in accordance with the security and breach investigation and practices in accordance with state law.~~

### **NOTIFICATION OF BREACH**

Upon conclusion of the investigation, if it is determined that a security breach has occurred and that misuse of personal information has occurred or is likely to occur, the District shall within forty-eight (48) hours notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Attorney General, the Commissioner of Education, and the Commissioner of the Department of Libraries and Archives. Within thirty-five (35) days of providing these notices, the District shall notify all individuals impacted by the security breach as provided by law.<sup>1</sup>

These notices shall be delayed upon written request of a law enforcement agency that the notices would impede an investigation. Security Breach Forms are located on the Kentucky Finance & Administration Cabinet website:

<http://finance.ky.gov/SERVICES/FORMS/Pages/default.aspx>.

If the investigation determines that misuse of personal information has not occurred or is not likely to occur, the above agency contacts shall be provided notice of the determination. In this case, notice to affected individuals is not required, but the District should maintain records reflecting and supporting the determination.

### **CONTRACTS WITH NONAFFILIATED THIRD PARTIES - INFORMATION SECURITY**

On or after January 1, 2015, agreements calling for the disclosure of "personal information" to nonaffiliated third parties shall require the third party contracting with the District to follow information breach and security standards at least as stringent as those applicable to the District.

Contracts with such third parties shall specify how costs of data breach investigations and notices are to be apportioned.

**Notice of Security Breach & Investigation Procedures****OTHER PRIVATE INFORMATION**

In the case of breach of information made private by law that does not fall within the definition of “personal information”, the District may engage in similar investigative, response, or notification activities as provided above. Alternatively, the District may, after reasonable investigation, provide notice to the individual whose restricted personal information has been acquired by an unauthorized person. Notification will be made in the most expedient time frame possible and without unreasonable delay, except when a law enforcement agency advises the District that notification will impede criminal investigation. Notification should be provided to the individual within three (3) working days of discovery of the breach but no later than thirty (30) working days.

Depending on the number of people to be contacted, notification may be in the form of a face-to-face meeting, phone call, posting on a Web site or sending a written notice to each affected person’s home. Notice should include the specific information involved and, when known, an estimate of how long it has been exposed, to whom the information has been released and how the breach occurred. In addition, the individual should be advised whether the information remains in the physical possession of an unauthorized person, if it has been downloaded or copied, and/or, if known, whether it was used by an unauthorized person for identify theft or fraud purposes.

**REFERENCES:**

<sup>1</sup>KRS 61.933

KRS 61.931; KRS 61.932

702 KAR 1:170

Data Security and Breach Notification Best Practice Guide



**NCLBESSA Qualification Notifications**ANNUAL NOTIFICATION - OPTION TO REQUEST **PROFESSIONAL TEACHER** QUALIFICATIONS

TO: _____ <i>Parent's Name</i>	FROM _____ <i>School Name</i>	
DATE _____	RE _____ <i>Student's Name</i>	GRADE _____

Dear Parent/Guardian,

Because our District receives federal funds for Title I programs as a part of the **No Child Left Behind** **Every Student Succeeds** Act (**NCLBESSA**), you may request information regarding the professional qualifications of your child's teacher(s) **and paraprofessional(s), if applicable.**

If you would like to request this information, please contact \_\_\_\_\_  
by phone at \_\_\_\_\_ or by e-mail at \_\_\_\_\_.

Sincerely, \_\_\_\_\_  
Principal/designee

F

F

PERSONNEL - Updated for to clarify the purpose of Leave Affidavit

03.123 AP.2

### Leave Affidavit

The affidavit is essential for payroll purposes. Please fill out the form with care and return it as directed by the Principal/Designee.

☐ Certified

☐ Classified

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

☐ **PERSONAL LEAVE:** Granted under the terms of Policies 03.1231/03.2231.

Date(s) of Personal Leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ ~~Substitute Needed~~ ☐

☐ **SICK LEAVE:** Granted under the terms of Policies 03.1232/03.2232.

Date(s) of Sick Leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ ~~Substitute Needed~~ ☐

Check one: ☐ Employee's illness ☐ Illness of family member ☐ Mourning

Is sick leave used for emergency leave purposes, per policy? ☐ Yes ☐ No

☐ **MATERNITY/ADOPTION/CHILDREARING LEAVE:** Granted under the terms of Policies 03.1233/03.2233.

Estimated Date(s) of Leave \_\_\_\_\_ to \_\_\_\_\_ ~~Substitute Needed~~ ☐

☐ Paid Maternity Leave /Number of Sick Leave Days \_\_\_\_\_ ☐ Unpaid Maternity Leave

☐ Paid Adoption Leave, Not To Exceed 30 Days/Number of Sick Leave Days \_\_\_\_\_

☐ Unpaid Childrearing Leave

☐ **EXTENDED LEAVE (FMLA OR DISABILITY):** Granted under the terms of Policies 03.12322/03.22322 and 03.1234/03.2234.

Estimated Date(s) of Leave \_\_\_\_\_ to \_\_\_\_\_ ~~Substitute Needed~~ ☐

Complete and attach Procedure 03.12322 AP.21, Request for Extended Leave.

☐ **JURY LEAVE:** Granted under the terms of Policies 03.1237/03.2237.

Date(s) of Jury Leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ ~~Substitute Needed~~ ☐

☐ Employee Signs Over Court-Issued Jury Duty Check.

☐ Employee Reimburses District.

☐ **MILITARY LEAVE:** Granted under the terms of Policies 03.1238/03.2238.

Date(s) of Military Leave: \_\_\_\_\_ Total Days: \_\_\_\_\_ ~~Substitute Needed~~ ☐

☐ **VACATION/FURLOW:** Granted under the terms of Policies 03.122/03.222.

Date(s) of Vacation: \_\_\_\_\_ Total Days: \_\_\_\_\_

☐ **PROFESSIONAL LEAVE:** Granted under the terms of Policies 03.1235/03.2235.

Date(s) of Leave: \_\_\_\_\_ Total Days: \_\_\_\_\_

*I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.*

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

\_\_\_\_\_  
Date

- ☐ Board Records
- ☐ Finance Office
- ☐ Personnel File

PERSONNEL - Add signature line for committee members

03.12321 AP.22

**Sick Leave Bank Usage Application**☐ Certified ☐ Classified

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SCHOOL/LOCATION: \_\_\_\_\_

EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

NUMBER OF DAYS REQUESTED: \_\_\_\_\_

**REASON FOR REQUEST:**

- ☐ Serious accident by the employee requiring extended work absences;
- ☐ Serious illness of the employee;
- ☐ Extended hospitalization of the employee, or
- ☐ Other serious, extenuating circumstances normally allowed for sick leaves approved by the Sick Leave Bank Committee.

STARTING DATE OF LEAVE \_\_\_\_\_ ENDING DATE OF LEAVE \_\_\_\_\_

NATURE OF ILLNESS OR INJURY - Please provide specific information, for which the sick leave is requested.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If requested, you must attach a detailed statement from your attending physician stating the nature of the illness and the date that your physician anticipates releasing you to return to work. If this request is due to an illness of a family member, please provide the same documentation.

**DECISION OF SICK LEAVE BANK USAGE COMMITTEE**☐ APPROVED NUMBER OF DAYS \_\_\_\_\_ BEGINNING DATE \_\_\_\_\_☐ DENIED REASON \_\_\_\_\_\_\_\_\_\_  
*Signature, Committee Chairperson*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature, Committee Member*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature, Committee Member*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature, Committee Member*\_\_\_\_\_  
*Date*

- Deleted form. Approve/Denied is on the application form.

DRAFT TO RESCIND (05/03/16) SEND WITH UPDATE PER DISTRICT

PERSONNEL

03.12321 AP.221

Sick Leave Bank Approval Form

NELSON COUNTY SCHOOLS

☐ Certified ☐ Classified

Person Making Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Number of Days Approved: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_  
*Committee Member* \_\_\_\_\_ *Date*

2. \_\_\_\_\_  
\_\_\_\_\_  
*Committee Member* \_\_\_\_\_ *Date*

3. \_\_\_\_\_  
\_\_\_\_\_  
*Committee Member* \_\_\_\_\_ *Date*

4. \_\_\_\_\_  
\_\_\_\_\_  
*Superintendent* \_\_\_\_\_ *Date*

*The Superintendent's signature signifies that approved days have been credited to applicant's account.*

- Deleted form. Approve/Denied is on the application form.

DRAFT TO RESCIND (05/06/16) SEND WITH UPDATE PER DISTRICT

PERSONNEL

03.12321 AP.222

**Sick Leave Bank Disapproval Form**

**NELSON COUNTY SCHOOLS**

☐ Certified ☐ Classified

Person Making Request: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_

Number of Days Approved: \_\_\_\_\_

1. \_\_\_\_\_  
\_\_\_\_\_ Committee Member \_\_\_\_\_ Date

2. \_\_\_\_\_  
\_\_\_\_\_ Committee Member \_\_\_\_\_ Date

3. \_\_\_\_\_  
\_\_\_\_\_ Committee Member \_\_\_\_\_ Date

4. \_\_\_\_\_  
\_\_\_\_\_ Superintendent \_\_\_\_\_ Date

*The Superintendent's signature signifies that the days you requested from the Sick Leave Bank have been disapproved on the recommendation of the Sick Leave Bank Usage Committee. Therefore, there have not been any days credited to the applicant's account.*

EXPLANATION: THIS DIRECTIVE IS RECOMMENDED TO GUIDE THE DISTRICT TO THE NOTIFICATION FORM USED TO NOTIFY PARENTS THAT THEY MAY REQUEST THEIR CHILD'S PARAPROFESSIONAL(S) QUALIFICATIONS.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

\$03.5 AP.1

**ESSA Qualification Notification**

See procedure 03.112 AP.22/ESSA Qualification Notification form.

Ft

Ft

EXPLANATION: RECENT REVISIONS TO 302 KAR CHAPTER 29 CHANGE THE REQUIREMENTS FOR NOTIFICATION OF PESTICIDE APPLICATION ON SCHOOL PROPERTY AND DEFINE WHEN CHILDREN ARE PRESENT. THE REVISIONS ALSO SET NOTIFICATION REQUIREMENTS IF/WHEN TREATMENT IS MADE WHILE CHILDREN ARE PRESENT.

FINANCIAL IMPLICATION: NONE ANTICIPATED

SCHOOL FACILITIES

05.11 AP.11

### **Integrated Pest Management Application and Notification**

~~In compliance with applicable Kentucky Administrative Regulation (302 KAR Chapter 29), the District will implement a program of Integrated Pest Management (IPM) with the primary goal of controlling dangerous and destructive pests with judicious use of pesticides.~~

~~The IPM program shall include, but not be limited to, the following components:~~

- ~~• Persons who apply pesticides in any District school building shall be certified in keeping with applicable statutes and regulations.~~
- ~~• Notification in compliance with Kentucky Administrative Regulation.~~

“Children are present” means the designated time period between two (2) hours before the start time and forty-five (45) minutes after the dismissal time of the regularly scheduled school day as determined by the school authority under the calendar set by the school Board.

Notification by the school to parents or guardians on the registry shall be required if the school authority, after consultation with the certified applicator, determines that a pesticide application is necessary when children are present in the school.

For pesticide applications made when children are present, the school authority shall provide the notification to persons listed on the registry at least one (1) hour prior to the making of the application.

Pesticides may be applied without notification indoors and to outside areas when children are not present.

The area where the point of application of a pesticide occurred shall be posted by the certified applicator regardless of the absence or presence of children

EXPLANATION: RECENT REVISIONS TO 302 KAR CHAPTER 29 CHANGE THE REQUIREMENTS FOR NOTIFICATION OF PESTICIDE APPLICATION ON SCHOOL PROPERTY AND DEFINE WHEN CHILDREN ARE PRESENT. THE REVISIONS ALSO SET NOTIFICATION REQUIREMENTS IF/WHEN TREATMENT IS MADE WHILE CHILDREN ARE PRESENT.

FINANCIAL IMPLICATION: NONE ANTICIPATED

SCHOOL FACILITIES

05.11 AP.21

### Integrated Pest Management Notification

**WRITTEN NOTICE IN THE FOLLOWING FORM SHALL BE SENT OR GIVEN AT THE BEGINNING OF THE SCHOOL YEAR. A COPY OF THE NOTIFICATION SHALL BE MAINTAINED BY THE SCHOOL AUTHORITY FOR TWENTY FOUR (24) MONTHS AFTER THE NOTICE IS ISSUED AND SHALL BE SUBJECT TO INSPECTION UPON REQUEST BY KENTUCKY DEPARTMENT OF AGRICULTURE PERSONNEL.**

\_\_\_\_\_  
Date

Dear Parent or Guardian:

Each school district in the Commonwealth is required to implement a program of "integrated pest management" with the primary goal of preventing and controlling pests through strategies that may include judicious use of pesticides. The application of pesticides in the school or on school grounds during times when children are present is limited by state regulation, but there may be occasions when, after consulting with a certified pesticide applicator, the school administration determines that a pesticide application is necessary when children are present in the school. As required by state regulation, we have created a registry for parents or guardians who wish to receive an electronic message or telephone call prior to the application of pesticides in the school when children are present. Please provide the school administration your email address or phone number if you wish to be placed on this registry.

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

For more information, please contact \_\_\_\_\_ at \_\_\_\_\_.  
Name Phone Number

F  
F  
F  
R  
F

**Integrated Pest Management Notification**

**This form may be used to implement the District's Integrated Pest Management Program and shall be sent or given at least twenty-four (24) hours prior to a qualifying pesticide application. A master copy of each notification shall be maintained by the school in a file marked IPM for twenty four (24) months after the notice is issued and shall be subject to inspection upon request by Division of Environmental Services personnel.**

\_\_\_\_\_  
Date

Dear Parent/Guardian, District Employee, or Health Professional,

Please be advised that

- ☐ A pesticide will be applied in or around the school while school is in session under the calendar set by the Board or when students or others are to be in the building during the application or within twenty-four (24) hours after the application.
- ☐ Due to special circumstances, we were unable to provide the required advance notice of a pesticide application because \_\_\_\_\_

\_\_\_\_\_  
(why advance notice was not provided).

Please note the following information:

Date of pesticide application: \_\_\_\_\_

General location of pesticide application: \_\_\_\_\_

Pest(s) treated: \_\_\_\_\_

Pesticide(s) applied (brand name): \_\_\_\_\_

Active ingredients of pesticide(s) applied: \_\_\_\_\_

Method of pesticide application: \_\_\_\_\_

For more information, please contact \_\_\_\_\_ at \_\_\_\_\_.  
Name Phone Number

-Update fee schedule due to cost increases

DRAFT (05/19/16) SEND WITH UPDATE PER DISTRICT

SCHOOL FACILITIES

05.31 AP.2

**Rental and Service Fees**

**Nelson County Schools**

ROOM/AREA	FLAT RATE FOR OPENING (2 HOUR MINIMUM)	EACH ADDITIONAL HOUR
<b>Classroom</b>		
Elem. & Middle	\$ <del>20</del> 30.00	\$10.00
High School	\$ <del>40</del> 50.00	\$15.00
<b>Media Center</b>		
Elem. & Middle	\$ <del>30</del> 50.00	\$10.00
High School	\$ <del>50</del> 75.00	\$15.00
<b>Cafeteria</b>		
Elem. & Middle	\$50.00	\$15.00
High School	\$200.00	\$25.00
<b>Gymnasium</b>		
Elem. & Middle	\$ <del>50</del> 100.00	\$ <del>45</del> 25.00
High School	\$ <del>200</del> 250.00	\$ <del>25</del> 50.00
<b>Auditorium</b>		
Elem. & Middle	N/A	N/A
High School	\$250.00	\$ <del>50</del> 100.00
<b>Outside Grounds</b>		
Elem. & Middle	TBD	
High School	TBD	

### Application and Agreement for Use of District Property

***NOTE:*** Please complete this form in duplicate and submit both copies to the School Principal for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board Attorney. The contract shall be signed by the designated representative of the using organization and returned to the School Principal. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity _____	Telephone _____
Representative's Name _____	
Address _____	
Building/school/facility _____	
Purpose _____	
Date(s) requested _____	Time(s) Requested _____
The above organization/individual requests the use of:	
<input type="checkbox"/> auditorium <input type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> outdoor facilities/grounds	
<input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____	
Eligible groups may contract for meals to be served in the school dining areas. Use of kitchen equipment require presence of school food service employee.	
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, specify equipment _____ Operator's Name _____	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give a complete description of what is being sold and how the proceeds will be used. _____	
Proof of liability insurance required? <input type="checkbox"/> YES (Please attach.) <input type="checkbox"/> NO	
Please contact Finance Office at 349-7000 for assistance in acquiring insurance.	
Will public be admitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>Estimated Attendance of event*</u>	
<u>*If estimated attendance is 100 or more, the Superintendent must grant prior approval.</u>	
Will advertisement(s) be used? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will admission be charged? <input type="checkbox"/> YES <input type="checkbox"/> NO	

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Principal/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization that is not school-related may be required to procure sufficient liability insurance to indemnify the Board, school officers, and employees for any injuries or property damage that might occur during the organization's use of the facilities. The Board shall require the organization to assume all liability for injury to individuals by reason of the use of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment, and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

**Application and Agreement for Use of District Property****FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

EMPLOYEE	NO. OF EMPLOYEES REQUIRED	NO. OF HOURS		HOURLY RATE (\$3040.00/HR.)		TOTAL
		Supervising	Cleaning	Supervising	Cleaning	
Custodians						
Food Service Employees						
Supervisory Personnel						
Other _____						

TOTAL Personnel Charge \_\_\_\_\_

PROPERTY USED	FACILITY/ EQUIPMENT FEE	PERSONNEL COST (IF APPLICABLE)	INSURANCE COST (IF APPLICABLE)	DEPOSIT (IF APPLICABLE)	TOTAL COST FOR FACILITY USE
Gymnasium at _____ school					
Auditorium at _____ school					
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school					
Classroom(s) Number _____ at _____ school					
Stadium at _____ school					
Outdoor Facilities/Grounds at _____ school					
Other Property at _____ school					

\*If estimated attendance is 100 or more, the Superintendent must grant prior approval.

\_\_\_\_\_  
*Signature - Representative of User Group*

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

\_\_\_\_\_  
*Signature - Superintendent/Designee*

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

UNLESS SPECIAL ARRANGEMENTS ARE MADE WITH THE PRINCIPAL/DESIGNEE, ALL USE OF FACILITIES BY OUTSIDE GROUPS SHALL BE AUTOMATICALLY CANCELLED WHEN SCHOOLS ARE CLOSED DUE TO INCLEMENT WEATHER OR OTHER EMERGENCY CONDITIONS.

**Application and Agreement for Use of District Property**

FOR OFFICE USE ONLY—TO BE COMPLETED BY SCHOOL OFFICIAL

Cost for use of District property \$ \_\_\_\_\_ Cost for school employee \$ \_\_\_\_\_ Total cost \$ \_\_\_\_\_  
Deposit \$ \_\_\_\_\_ Is deposit refundable? ☐ Yes ☐ No  
Date Deposit Received \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
Board employee(s) assigned: \_\_\_\_\_  
Board Action Date, if applicable \_\_\_\_\_ Board Order # \_\_\_\_\_

EXPLANATION: UNDER THE “EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)”, THE NCLB ACT WAIVER EXPIRES AUGUST 1, 2016 AND ESSA NO LONGER ADDRESSES SUPPLEMENTAL EDUCATIONAL SERVICES.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

## CURRICULUM AND INSTRUCTION

08.133 AP.1

### **Extended School/Supplemental Educational Services**

Eligible students shall be provided extended school (ESS) ~~and/or supplemental educational services (SES)~~ in accordance with the following procedures.

#### **ELIGIBILITY FOR EXTENDED SCHOOL SERVICES**

One (1) or more of the following methods of documentation shall be used to determine which students shall be eligible for and in the greatest need of extended school services:

1. Teacher recommendation;
2. Academic performance data, including diagnostic, formative, interim, or summative assessments;
3. Student performance on high school, college, and workforce readiness assessments required by KRS 158.6459; or
4. Behavioral and developmental progress as documented in formal and informal assessments and reports.

#### **SELECTION FOR EXTENDED SCHOOL SERVICES**

Selection criteria for the extended school services program shall be in compliance with applicable administrative regulations.

#### **NOTIFICATION TO PARENTS OF EXTENDED SCHOOL SERVICES**

Schools shall notify parents of their child’s eligibility for extended school services.

The District will publish on the Web site and in student handbooks notice of the availability of extended school services, the rationale for offering extended school services, and consequences of not obtaining a high school diploma.

#### **STUDENTS ATTENDING PRIVATE, PAROCHIAL, OR HOME SCHOOLS**

Students residing within the District’s boundaries who attend private, parochial, or home schools shall not be eligible for the after-school tutorial program. Upon application, they may be considered for enrollment in the summer school program. Their eligibility and selection shall be based on the same criteria as students enrolled in the District schools.

~~Because the Kentucky request to the U. S. Dept. of Education for flexibility was granted, the following provision is waived through the 2018-2019 school year.~~

#### **SUPPLEMENTAL EDUCATIONAL SERVICES**

~~Eligible students shall be provided supplemental educational services (SES). “Eligible students” mean all students from low-income families who attend Title I schools that are in their second year of school improvement, in corrective action, or in restructuring. “Supplemental educational services” means additional academic instruction designed to increase students’ academic achievement such as tutoring, remediation, distance learning technologies, or other educational interventions provided by state-approved service providers outside of the regular school day.~~

### Extended School/Supplemental Educational Services

#### SUPPLEMENTAL EDUCATIONAL SERVICES

In providing supplemental educational services, the District shall:

1. Notify parents of eligible children about the availability of supplemental educational services in a manner that is clear and concise, as well as clearly distinguishable from other school-related information that parents receive.

The District shall post on the District/school web site(s) information about available supplemental education services to include:

- a. The number of students who were eligible for and who participated in supplemental educational services (SES), beginning with data from the 2007-08 school year and for each subsequent year; and
  - b. A list of SES providers approved to serve the District, as well as the locations where services are provided for the current school year.
2. Help parents, at their request, choose a provider;
  3. Determine which students should receive services, pursuant to criteria set forth in federal law, if not all students can be served;
  4. Enter into agreements with service providers whom the parents select;
  5. Assist the Kentucky Department of Education (KDE) in identifying potential providers within the District;
  6. Provide information KDE needs to monitor the quality and effectiveness of the services that providers offer; and
  7. Protect the privacy of students who receive supplemental educational services.
  8. Provide before or after school services upon parental request. If requested by parent only, approved fees must be paid by parent for the requested services.

#### REFERENCES:

KRS 158.6459  
704 KAR 3:390

-Change wording of #2 A,B, and C so that it matches the wording from procedure 09.12 AP.22 A,B, and C.

-Treated as an expulsion DRAFT (05/03/16) (5/5/16) SEND WITH UPDATE PER DISTRICT

STUDENTS

09.11 AP.21

### Application for Out-of-Area Request

To be considered for the next school year, application must be submitted no later than January 31<sup>st</sup>.

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

#### STUDENT INFORMATION

First Name _____	Middle Name _____	Last Name _____
Date of Birth _____	Current Grade Level _____	
Address _____	Zip Code _____	
Last /Current School Attended _____		
School of Residence _____		
Requested School _____		

#### PARENT/GUARDIAN INFORMATION

First Name _____	Last Name _____
Phone (Home) _____	Phone (Work) _____
Email _____	

#### AGREEMENT TO BOARD POLICY

It is the policy of the Nelson County Public Schools that in the case of approved Out-of-Area assignment:

1. Adequate and timely transportation to and from school will be the responsibility of the parent/guardian.
2. The student is expected to:

(a) remain in compliance with the Nelson County School Attendance Policy

(b) maintain a grade of C or better

(c) follow behavior guidelines listed in the school's Discipline Code Handbook

(a) demonstrate acceptable behavior

(b) make academic progress

(c) be in regular attendance

Once attending school in the District, out-of-area students are subject to disciplinary action under the District Code of Acceptable Behavior and Discipline, up to and including expulsion. Acceptance for enrollment in subsequent years may be reviewed at the end of each school year.

~~Failure to comply with any of the above conditions may result in the pupil being transferred to his/her home school.~~ I understand an Out-of-Area (OOA) placement is probationary and can be revoked if the school is projected to be over capacity ~~or my child does not meet the OOA criteria.~~ OOA placement shall not be made if the requested school is above 90% capacity.

**Application for Out-of-Area Request (cont.)**

~~Please select one of the reasons listed below as your reason for making an out of area request.~~

~~Please enter the reason(s) for making an out-of-area request below. Use a separate sheet of paper if needed.~~

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- ~~☐ Our family has moved, but I would like my child to remain in the school in which he/she has already attended because he/she is in grade 4, 7, or 11 and I wish for my child to complete the following (final year) at the current school of enrollment.~~
- ~~☐ My family is moving into a school's attendance area within the next 3 months, and I would like my child to go ahead and begin attending his/her new school~~
- ~~☐ My family has moved, but I would like my child to attend his/her current school through the end of this school year. We will begin in our new school next year.~~
- ~~☐ I am an employee in a school and would like my child to attend that school~~
- ~~☐ I have one (1) child already attending a school out of our attendance area, and I would like both children to attend the same school~~
- ~~☐ I live in a neighborhood very close to the school and would like my child to go there if space is available~~
- ~~☐ Reason other than listed above~~

~~USE SEPARATE PAPER TO EXPLAIN ANY SELECTED REASON(S)~~

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CENTRAL OFFICE USE ONLY**

Date Submitted \_\_\_\_\_

☐ Approved ☐ Denied

\_\_\_\_\_  
Superintendent/Designee Signature

\_\_\_\_\_  
Date

**APPEAL**

A parent/legal guardian or adult student who disagrees with the denial of an out-of-area request may file a written appeal with the Director of Pupil Personnel (DPP) within five (5) days of receipt of the decision. A review of the decision shall be conducted by the DPP who will either uphold or deny the decision. The parent/legal guardian and the Principal will be notified of the decision in writing. The decision of the DPP as the Superintendent's designee, is final.

EXPLANATION: UNDER THE "EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)", THE NCLB ACT WAIVER EXPIRES AUGUST 1, 2016 AND ESSA NO LONGER REQUIRES DISTRICTS TO OFFER A TRANSFER TO STUDENTS ATTENDING A SCHOOL IDENTIFIED FOR SCHOOL IMPROVEMENT. IN ADDITION, ESSA NO LONGER ADDRESSES SUPPLEMENTAL EDUCATIONAL SERVICES.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.11 AP.23

**ESSA Transfer Notification Options**

~~Because the Kentucky waiver request to the U. S. Dept. of Education for flexibility was granted, there will be no need to use school improvement/restructuring notification forms through the 2018-2019 school year.~~

**SCHOOL IMPROVEMENT YEAR 1**

<b>TO:</b> _____	<b>FROM:</b> _____
Parent's Name	School Name
<b>DATE:</b> _____	<b>RE:</b> _____
	Student's Name
<b>GRADE:</b> _____	

Dear Parent/Guardian,

~~Our school is dedicated to providing the best education possible for your child. We are notifying you because under the federal Every Student Succeeds Act (ESSA), our school has been identified for school improvement. This means the school did not make adequate yearly progress (AYP).~~

~~In terms of our academic achievement, here is how our school compares with other schools in the District and in the state (information may be attached):~~ \_\_\_\_\_

~~Our school was identified for these reasons:~~ \_\_\_\_\_

~~We are working to improve student achievement by:~~ \_\_\_\_\_

~~The District and state of Kentucky will help us by:~~ \_\_\_\_\_

~~Parents wanting to get involved in addressing the academic issues that caused the school to be identified for school improvement should refer to the District's Title I Parental Involvement policy.~~

~~Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred, at no expense to you, to the same grade level at another public school selected by the District that has not been identified for school improvement, corrective action, or restructuring. Your child may also be eligible for transportation to or from that school at no cost to you.~~

☐ ~~However, no other school option is available at this time for these reasons:~~ \_\_\_\_\_

☐ ~~The following are District schools available to accept transfers. Attached to this notice is information concerning performance and quality of the school(s).~~ \_\_\_\_\_

~~You may also check our District web site, [www.nelson.kyschools.us](http://www.nelson.kyschools.us), for a list of available school transfer options for your child for the upcoming school year.~~

~~Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling Greg Hash at 502-349-7000 to request a transfer.~~

~~Failure to meet this deadline will result in loss of your option to request a transfer. You will be notified of the school assignment.~~

~~Please let me know if you have questions about this information.~~

Sincerely, \_\_\_\_\_  
Principal/designee

**ESSA Transfer Notification Options****SCHOOL IMPROVEMENT-RESTRUCTURING**

<b>TO:</b> _____ <i>Parent's Name</i>	<b>FROM:</b> _____ <i>School Name</i>
<b>DATE:</b> _____	<b>RE:</b> _____ <i>Student's Name</i>
<b>GRADE:</b> _____	

Dear Parent/Guardian,

Our school is dedicated to providing the best education possible for your child. We are notifying you because under the federal Every Student Succeeds Act (ESSA), our school has been identified for

- ☐ second year school improvement      ☐ corrective action year 1      ☐ corrective action year 2  
☐ restructuring year 1      ☐ restructuring year 2 and beyond.

Being identified at any of these levels means the school did not make adequate yearly progress (AYP).

In terms of our academic achievement, here is how our school compares with other schools in the District and in the state (information may be attached): \_\_\_\_\_

Our school was identified for these reasons: \_\_\_\_\_

We are working to improve student achievement by: \_\_\_\_\_

The District and state of Kentucky will help us by: \_\_\_\_\_

Parents wanting to get involved in addressing the academic issues that caused the school to be identified for school improvement should refer to the District's Title I Parental Involvement policy.

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred, at no expense to you, to the same grade level at another public school selected by the District that has not been identified for school improvement, corrective action, or restructuring. Your child may also be eligible for transportation to and from that school at no cost to you.

☐ However, no other school option is available at this time for these reasons: \_\_\_\_\_

☐ The following are District schools available to accept transfers. Attached to this notice is information concerning performance and quality of the school(s). \_\_\_\_\_

If you are a parent who falls under the designation "low income" and you choose not to transfer your child to another school, your child may receive supplemental educational services (SES) before or after school. You may choose from a state approved list of providers. The District shall pay the providers but you must provide transportation. The providers available to you are: \_\_\_\_\_.

Included with this notification is a description of the services, qualifications and effectiveness for each available provider. Should the demand for supplemental education services exceed available funds, the amount of tutoring your child may receive will depend on the cost of the service selected. Should the number of students signing up for tutoring services exceed the ability of the District to fund the service, the District will give priority to students based on the following: \_\_\_\_\_.

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling Greg Hash at 502-349-7000 to request a transfer or supplemental educational services. Failure to meet this deadline will result in the loss of your option to request a transfer or receive supplemental educational services (SES).

Please let me know if you have questions about this information.

Sincerely, \_\_\_\_\_

Principal/designee \_\_\_\_\_

**RELATED PROCEDURE: 08.133 AP.1**

**ESSA Transfer Notification Options**

<b>TO:</b> _____ <i>Parent's Name</i>	<b>FROM:</b> _____ <i>School Name</i>
<b>DATE:</b> _____	<b>RE:</b> _____ <i>Student's Name</i>
	<b>GRADE:</b> _____

Dear Parent/Guardian,

Our school is dedicated to providing the safest educational experience possible for your child. We are notifying you because under ESSA and state law, our school has been designated as "persistently dangerous." A Kentucky public school is considered persistently dangerous if conditions exist over a period of time that expose students to injury due to violent criminal acts.

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school ~~that is making adequate yearly progress and~~ that has not been identified as being persistently dangerous, ~~or in school improvement, corrective action, or restructuring.~~ Your child would be entitled to free transportation services.

☐ However, no other school option is available at this time.

☐ The following are schools available to accept transfers: \_\_\_\_\_

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling ~~Greg Hash~~the Director of Pupil Personnel at ~~502-349-7000~~ to request a transfer. Failure to meet this deadline will result in loss of your option to request a transfer. You will be notified of the school assignment.

Please let me know if you have questions about this information.

Sincerely, \_\_\_\_\_  
Principal/designee

**ESSA Transfer Notification Options**

<b>TO:</b> _____ <i>Parent's Name</i>	<b>FROM:</b> _____ <i>School Name</i>
<b>DATE:</b> _____	<b>RE:</b> _____ <i>Student's Name</i>
<b>GRADE:</b> _____	

Dear Parent/Guardian,

Our school is dedicated to providing the safest educational experience possible for your child. We are notifying you because the Superintendent has determined that your child has been a victim of a violent criminal offense as defined under state law.

Although we are committed to improving our school as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school ~~that is making adequate yearly progress and~~ that has not been identified as being persistently dangerous, ~~or in-school improvement, corrective action, or restructuring~~, if such a school is available within the District.

☐ However, no other school option is available at this time.

☐ The following are schools available to accept transfers: \_\_\_\_\_

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling [Greg Hashthe Director of Pupil Personnel](#) at 502-349-7000 to request a transfer. Failure to meet this deadline will result in loss of your option to request a transfer. You will be notified of the school assignment.

Please let me know if you have questions about this information.

Sincerely, \_\_\_\_\_  
Principal/designee

NOTE: This parent was contacted by telephone by \_\_\_\_\_ on \_\_\_\_\_  
Staff Member

\_\_\_\_\_  
Date

### ESSA Transfer Notification Options

Because the Kentucky ESSA waiver request was granted through the 2018-2019 school year, only those sections addressing persistently dangerous schools, victims of a violent criminal offense, and related deadlines will apply.

#### **TIMELINE INFORMATION**

##### **ESSA IMPROVEMENT SCHOOL:**

- ◆ When a school is identified for “school improvement, corrective action, or restructuring,” the District shall notify parents of students attending the designated school of the option to transfer their child to another public school not identified for improvement and provide details about the available options as far in advance as possible, but no later than fourteen (14) days before the start of the school year.
- ◆ As required by federal regulations, the District shall post on the District/school web site(s) information about available public school choice options to include the number of students who were eligible for and who participated in public school choice, beginning with data from the 2007-08 school year and for each subsequent year, and a list of available schools to which students eligible for public school choice may transfer for the current school year.

##### **SUPPLEMENTAL EDUCATIONAL SERVICES:**

- ◆ To assist parents of eligible students in requesting and selecting an SES provider, the District shall provide at least two (2) enrollment windows at separate points in the school year.

##### **PERSISTENTLY DANGEROUS SCHOOL:**

- ◆ Within ten (10) days of receiving notification of a school being designated as a “persistently dangerous school” (as defined by the Kentucky Board of Education), the District shall notify parents of students attending the designated school.
- ◆ Within twenty (20) school days from the date the District receives notice of being designated as “persistently dangerous,” the District must notify students attending the school and their parents of the opportunity to transfer to a safe District school with transportation provided.

##### **VICTIM OF VIOLENT CRIMINAL OFFENSE:**

- ◆ The District shall notify parents within twenty four (24) hours, both in writing and by telephone, of a final determination that their child has been a victim of a violent criminal offense.
- ◆ The District shall offer the parent/guardian of the student the opportunity to transfer to a safe District school within ten (10) calendar days of such a determination.

##### **DEADLINE:**

- ◆ Transfers resulting from any of these designations must be completed within thirty (30) school days from the date the District receives notice of the designation. The District will make every effort to arrange for a requested transfer prior to the beginning of a school year.

◆ = time requirement designated by federal law

**Application and Contract for Out-of-District Request**

Application must be submitted by July 1 to be considered for the coming school year. The Director of Pupil Personnel will review special circumstance after the application deadline.

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

**STUDENT INFORMATION**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Last /Current School Attended \_\_\_\_\_

Requested School \_\_\_\_\_

Is student currently in any type of special education class? ☐ Yes ☐ No

If yes, please specify the program your child is in \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Email \_\_\_\_\_

**AGREEMENT TO BOARD POLICY**

It is the policy of the Nelson County Public Schools that in the case of an approved Out-of-District assignment:

3. Adequate and timely transportation to and from school will be the responsibility of the parent/guardian.
4. First semester ~~tuition~~ processing fee of \$90.00 will be due by August 1 or at the time of enrollment. Second semester ~~tuition~~ processing fee of \$90.00 will be due by January 1. (Full ~~tuition~~ payment of \$180.00 may be paid by August 1.) ~~Tuition~~ The processing fee will be paid to the Principal or his/her designee.
5. The student is expected to:
  - (a) remain in compliance with the Nelson County School Attendance Policy
  - (b) maintain a grade of C or better
  - (c) follow behavior guidelines listed in the school's Discipline Code Handbook
  - (d) follow guidelines for payment of ~~tuition~~ processing fee

**Application and Contract for Out-of-District Request**

Once attending school in the District, Out-Of-District students are subject to disciplinary action under the District Code of Acceptable Behavior and Discipline, up to and including expulsion. Acceptance for enrollment in subsequent years may be reviewed at the end of each school year.

Failure to comply with any of the above conditions may result in the pupil being asked to return to his/her home school without a refund of that semester's tuition. If tuition-the processing fee is not received by the deadline, the application will be denied and/or the student will be required to return to his/her home school at the beginning of the marking period. An Out-of-District placement is probationary and can be revoked if the school is projected to be over capacity or the student does not meet the Out-of-District criteria. Out-of-District placement shall not be made if the requested school is above 90% capacity.

Legal custody papers are required for all students not living with both parents. Proof of identification will be required of the custodial parent. A birth certificate or other reliable proof of identity and age is required for all students.

**DOCUMENTATION NEEDED IN ADDITION TO APPLICATION AND CONTRACT**

Please attach:

1. A copy of the student's attendance and academic information covering at least two (2) previous years of school performance. (The student must be in compliance to the state attendance policy, maintain a grade of C or better, and have a good behavior record.)
2. A written statement of good behavior from the Principal and two (2) teachers from the school the student is currently attending.

Students may not be accepted for up to one (1) week after application in order to provide time to review the student's records.

**Please submit this Application/Contract and any additional information to the Director of Pupil Personnel's Office, located at Nelson County Board of Education, 288 Wildcat Lane, Bardstown, KY 40004.**

**NOTICE**

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
2. Requests for transfer for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

*I understand that, if approved, this assignment will be granted for only one (1) school year and that I shall be responsible for my child's transportation to and from school.*

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Pupil Personnel Signature

\_\_\_\_\_  
Date

**CENTRAL OFFICE USE ONLY**

Date Submitted \_\_\_\_\_ ☐ Approved ☐ Denied

**RELATED PROCEDURE:**

09.12 AP.1

STUDENTS

09.123 AP.2

**Absence Request Forms**

**EDUCATIONAL ENHANCEMENT OPPORTUNITY**

To request an absence to attend or participate in an educational activity, please complete this application form and return it to your school principal at least five (5) days prior to the absence. Such an absence as requested by this signed application and approved by the school principal, will be considered an excused absence. The major intent of the activity must be educational in order for the student to be granted this type of absence. The proposed activity must have significant educational value and be composed of an intensive program related to the core curriculum (e.g. art programs, dance programs, State Fair activities, workshops that are educational in nature, college visits, etc.). The Principal will use his/her good judgment to determine if the activity meets guidelines. A student may be approved for up to ten (10) days of absence per year for this purpose. Students who are granted an absence under this law will be allowed to make up all school work. Student grades can not be affected by lack of attendance or participation in classes for approved days. This type of absence can not occur during the school's state assessment or District-wide assessments, unless there are extenuating circumstances that are approved by the Principal. Decisions may be appealed to the Superintendent and then to the Board of Education.

Student Full Legal Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Name of School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_ Home Phone \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

# of Excused Absences To Date \_\_\_\_\_ # of Unexcused Absences To Date \_\_\_\_\_

# of Total Absences to Date \_\_\_\_\_

Date(s) of Intended Absence(s) \_\_\_\_\_

NAMES(S) OF SIBLINGS WHO WILL ATTEND THE ACTIVITY	SCHOOL(S) ATTENDING

Please explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having "significant educational value," and (3) how the activity is directly related to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts\*. Please attach a schedule of activities/events to be attended. (Use additional paper, if needed, and attach to this completed form.)

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

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

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

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

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

**Absence Request Forms****EDUCATIONAL ENHANCEMENT OPPORTUNITY (CONT.)****FOR SCHOOL USE ONLY****(THIS SECTION TO BE COMPLETED BY THE SCHOOL PRINCIPAL / DESIGNEE)**

This request must meet all three criteria to be eligible for an educational opportunity absence:

1. This request is for an absence that will have "significant educational value" and be "intensive" in nature. Yes ☐ No ☐
2. This trip is tied to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts. Yes ☐ No ☐
3. The major purpose of the trip is educational. Yes ☐ No ☐

As Principal, I recommend ☐ I do not recommend ☐ that this educational opportunity absence be granted.

Principal's Rationale \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Principal

\_\_\_\_\_  
 Date

**FOR CENTRAL OFFICE USE /APPEAL OF PRINCIPAL'S DECISION**

As Superintendent, I recommend ☐ I do not recommend ☐ that this educational opportunity absence be granted.

Superintendent's Rationale \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Superintendent

\_\_\_\_\_  
 Date

The District ☐ grants ☐ does not grant this educational opportunity absence.

\_\_\_\_\_  
*Signature of the Board Chairman*

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

**Absence Request Forms****ARMED FORCES DAY**

Applicable Statute and Regulation: KRS 159.035(3) Armed Forces Day

If a student's parent, de facto custodian or other person with legal custody or control of the student is a member of the United States Armed Forces, including a member of a state National Guard or a Reserve component called to federal active duty, a public school principal shall give the student an excused absence for one (1) day when the member is deployed and an additional excused absence for one (1) day when the service member returns from deployment.

When recording the attendance for a student using an Armed Forces Day, the school should code the day(s) as AFD:

- An excused absence for one (1) day when the member is deployed
- An additional excused absence for one (1) day when the service member returns from deployment.

Please complete the following:

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

Student's Full Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Intended Absence: \_\_\_\_\_

I certify that I have included a copy of my orders with this request. (Please remove your social security numbers to protect your privacy.)

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

\_\_\_\_\_  
Date

For School Use Only:

Principal's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

**Absence Request Forms****ARMED FORCES RECUPERATION LEAVE**

Applicable Statute and Regulation: KRS 159.035(3)      Armed Forces Day

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If a student's parent, de facto custodian or other person with legal custody or control of the student is a member of the United States Armed Forces, including a member of a state National Guard or a Reserve component called to federal active duty, a public school principal shall give the student an excused absence for one (1) day when the member is deployed and an additional excused absence for one (1) day when the service member returns from deployment.

When recording the attendance for a student using an Armed Forces Recuperation leave, the school should code the day(s) as AFR:

- Excused absences for up to ten (10) days for visitation when the member is stationed out of the country and is granted rest and recuperation leave.

A student receiving an excused absence under these subsections shall have the opportunity to make up schoolwork missed and shall not have his or her class grades adversely affected for lack of class attendance or class participation due to the excused absence.

A student receiving an excused absence under these subsections shall be considered present in school during the excused absence for the purposes of calculating average daily attendance.

---

Please complete the following:

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

Student's Full Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Intended Absence: \_\_\_\_\_

I certify that I have included a copy of my Leave Request Form (DA31). (Please remove your social security numbers to protect your privacy.)

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

\_\_\_\_\_  
Date

For School Use Only:

Principal's Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_

**Absence Request Forms****MEDICAL EXCUSE FORM**

**This form is required ONLY after ten (10) medically excused absences or tardies.**

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

I hereby authorize this health care provider to release the information requested on this form for my child listed above. \_\_\_\_\_

Parent or Guardian Signature

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Reason for Appointment (check only one)

- ☐ Routine Office Visit      ☐ Follow-up Visit      ☐ Orthodontic  
☐ Dental      ☐ Vision      ☐ Emergency      ☐ Tests

Was it medically necessary for this student to be absent the entire day on date of appointment?

☐ Yes      ☐ No      Comments: \_\_\_\_\_

If no, would student have missed all day due to office location, etc?

☐ Yes      ☐ No

Will student need to be absent more than one (1) day?

☐ Yes      ☐ No

If yes, how long? \_\_\_\_\_

**If student is to be absent five consecutive days or more, please complete a homebound application.**

This student may return to school on \_\_\_\_\_  
Date

Health Care Provider Name \_\_\_\_\_

Address \_\_\_\_\_

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

Signature of Health Care Provider/Physician/APRN

Date

EXPLANATION: THE “EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)” ONLY ALLOWS PARENTS/GUARDIANS OF STUDENTS OR STUDENTS WHO HAVE REACHED AGE 18 TO OPT-OUT OF RELEASE OF INFORMATION TO MILITARY RECRUITERS AND INSTITUTIONS OF HIGHER EDUCATION.

FINANCIAL IMPLICATIONS: POSSIBLE COSTS OF REPRINTING OF FORMS

STUDENTS

09.14 AP.1

### **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.

**NOTE:** Unless the parent/guardian or ~~secondary-school~~ student who has reached age 18, 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 and institutions of higher education upon their request.

**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.

**Family Educational Rights and Privacy Act Definitions**

**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.

**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 C.F.R. Part 99, 20 U.S.C. 1232g  
P. L. 114-95, (Every Student Succeeds Act of 2015)

EXPLANATION: THE "EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)" ONLY ALLOWS PARENTS/GUARDIANS OF STUDENTS OR STUDENTS WHO HAVE REACHED AGE 18 TO OPT-OUT OF RELEASE OF INFORMATION TO MILITARY RECRUITERS AND INSTITUTIONS OF HIGHER EDUCATION.

FINANCIAL IMPLICATIONS: POSSIBLE COSTS OF REPRINTING OF FORMS

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 at the time of enrollment.

2. Unless the parent or ~~secondary school~~ student who has reached age 18 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 and institutions of higher education upon their request.

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters and institutions of higher education 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. In compliance with FERPA, notice to the parent is not required when a court order 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.

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.

**Family Educational Rights and Privacy Act**

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.
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. 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.
8. A challenge to the records may take the form of an informal discussion among the parents, student, and school officials. Any agreement between these parties shall be reduced in writing, signed by all parties, and placed in the student's records.
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: THE “EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)” ONLY ALLOWS PARENTS/GUARDIANS OF STUDENTS OR STUDENTS WHO HAVE REACHED AGE 18 TO OPT-OUT OF RELEASE OF INFORMATION TO MILITARY RECRUITERS AND INSTITUTIONS OF HIGHER EDUCATION.

FINANCIAL IMPLICATIONS: POSSIBLE COSTS OF REPRINTING OF FORMS

STUDENTS

09.14 AP.111

### **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 18 years of age or older 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.

**Notification of FERPA Rights**

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.

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.

- 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.

**Notification of FERPA Rights**

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 and institutions of higher education.*

Unless the parent or ~~secondary school~~ student who has reached age 18 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 and institutions of higher education 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: EFFECTIVE WITH THE 2015 SCHOOL YEAR, THE ONLY MEDICAID CONSENT FORMS ACCEPTED FOR MONITORING ARE LOCATED ON KDE'S WEBSITE.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: STUDENT RECORDS ARE OFTEN REQUESTED ELECTRONICALLY. THIS ADDRESSES SUCH.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.24

**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 to whom this information is to be released is \_\_\_\_\_.

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

<b>RECORDS (including electronic)</b>	<b>PURPOSE</b>
<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: _____	

This release is effective only for the specified records or types of records (including electronic) 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.)

☐ 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

**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.)

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

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

EXPLANATION: THIS PROCEDURE MAY BE UTILIZED FOR SUPERVISION WHEN A REQUEST FOR SPECIAL TREATMENT IS MADE DUE TO TRANSGENDER IDENTITY OR OTHER ISSUES WHICH MIGHT REQUIRE SPECIAL SUPERVISION CONSIDERATIONS.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED.

STUDENTS

09.221 AP.1

### **Supervision of Students**

#### **RESPONSIBILITY**

Principals shall develop and implement a plan of supervision for their schools to address the following areas:

1. Bus loading and unloading;
2. Meals;
3. Halls, restrooms and playgrounds;
4. Time before and after the school day; and
5. Field trips and other school activities; and
6. Other issues.

EXPLANATION: SCHOOL OFFICIALS SHALL FOLLOW DIRECTIONS PROVIDED BY THE INVESTIGATING OFFICER OR CABINET FOR HEALTH AND FAMILY SERVICES AS TO WHETHER TO CONTACT A PARENT REGARDLESS OF WHOM THE ALLEGED PERPETRATOR IS.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.4361 AP.21

### 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 _____			
_____	_____	_____	_____
<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 _____	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 [Health and Family Services](#)~~Families and Children~~ representative as to whether to contact a parent.

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

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

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

EXPLANATION: SB 228 AMENDED KRS 158.148 TO REQUIRE THE STUDENT DISCIPLINE CODE TO SPECIFICALLY PROHIBIT BULLYING.

FINANCIAL IMPLICATIONS: REPRINTING DISTRICT CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE

STUDENTS

09.438 AP.1

### **Reporting of Code Violations**

Students wishing to report [bullying or other](#) 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 bullying or other](#) 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.

EXPLANATION: SB 228 AMENDED KRS 158.148 TO REQUIRE THE STUDENT DISCIPLINE CODE TO SPECIFICALLY PROHIBIT BULLYING.  
FINANCIAL IMPLICATIONS: REPRINTING DISTRICT CODE OF ACCEPTABLE BEHAVIOR AND DISCIPLINE

STUDENTS

09.438 AP.21

### 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:

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

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 [bullying or other](#) 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.

#### FOR SCHOOL USE ONLY

[If the code violation falls under the state definition of bullying, District Procedure 09.422 AP.21 must be completed.](#)

[If the code violation falls under the state definition of bullying and must also be reported under KRS 158.154, KRS 158.155, or KRS 158.156, see Policies 09.2211 and 09.438 and related procedures.](#)

[If bullying is related to a federally protected harassment/discrimination area, see Policy 09.42811 and related procedures.](#)

EXPLANATION: THIS RECOMMENDATION DIRECTS SCHOOL STAFF THAT OUTSIDE SERVICE PROVIDERS ARE ALLOWED INTO THE SCHOOLS ONLY TO PROVIDE THERAPY OR DESIGNATED SERVICES TO STUDENTS IF THE OUTSIDE SERVICE PROVIDER HAS BEEN SOUGHT OUT AND CONTRACTED BY THE SCHOOL DISTRICT FOR SERVICES. OUTSIDE SERVICE PROVIDERS NOT SOUGHT OUT AND CONTRACTED BY THE DISTRICT WHO MEET SPECIFIED REQUIREMENTS MAY BE ALLOWED INTO SCHOOLS FOR OBSERVATION ONLY.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

## COMMUNITY RELATIONS

10.5 AP.1

### Visitors to the Schools

#### CLASSROOM VISITATION

Requests for classroom observation by parents, educators, or other local citizens with legitimate educational interests pertaining to the District's public school program shall be made to the Principal with reasonable notification. The Principal may grant the request if:

1. The teacher involved is notified in advance of the arrangement.
2. The number in the group is small enough to be accommodated in the classroom without interfering with the class.
3. The frequency of the visits does not interfere with the scheduled instructional program in the classroom.

#### LUNCH WITH FAMILY MEMBERS

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized District personnel, each school shall observe a closed campus at lunch.

#### SPECIAL INVITATION

A special invitation for parents and other interested persons to visit the schools may be extended during appropriate school programs or activities and special occasions.

#### REPORT TO PRINCIPAL'S OFFICE

All visitors shall first report to the Principal's office.

#### OBSERVATION BY OUTSIDE AGENCIES

These procedures are established for the purposes of observation only.

NOTE: Unless an outside provider has been sought out and contracted for a needed service by the District, no private therapy or service shall be provided to a student during the school day, within a District School.

The following information/documentation is required by the District before a private, outside therapist/service provider can observe its private client within a District School. Information must be sent to the Director of Special Education (special education students) or to the Director of Health and Family Resource Youth Service Center (FRYSC) Services (regular education students):

- Background check clearance on file with District Schools Central Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;
- A copy of credentials in the form of certification/license for the purpose of the observation; and

**Visitors to the Schools****OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)**

- A signed release (form can be requested from the school) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

Once this information is received, the therapist/service provider may be allowed to come and observe the identified student as follows:

- At a time/day designated and assigned by the Principal/designee (to cause as little disruption to the class or school/learning environment as possible);
- The therapist is to observe only during these designated times, in an education setting (or activity such as lunch or social gathering) and only if confidentiality of other students/parents and disruption of the educational process in these settings can be adequately addressed by the Principal/designee;
- At any time the school or District needs to cancel an appointment or not allow an outside agency/therapist/service provider to return to the school setting, the outside agency will be notified; and
- The outside service providers MUST provide a photo I.D. as well as sign in and out at the school office any time they are on school property during a school day.