EXPLANATION: SB 1 AMENDS KRS 158.649 CHANGING THE BIENNIAL TARGET FOR ELIMINATING ACHIEVEMENT GAPS TO EVERY YEAR. THESE PROPOSED CHANGES ARE IN COMPLIANCE WITH THOSE AMENDMENTS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: THE “EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)” INCLUDES AREAS THAT WILL NEED TO BE CONSIDERED WHEN A SCHOOL DEVELOPS ITS SCHOOL IMPROVEMENT PLAN.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: THE KDLA RECORDS RETENTION SCHEDULE NOW REQUIRES SCHOOL IMPROVEMENT PLANS TO BE RETAINED PERMANENTLY.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# ADMINISTRATION W02.442 AP.21

Comprehensive School Improvement Plan Reports

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

Process Guidelines

Consistent with requirements of 703 KAR 5:225 and the Every Student Succeeds Act of 2015 (ESSA), the council/committee shall:

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

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

1. *Schedule a review and update* of the plan by the council/committee at least once a year, as determined by the committee.
2. *Submit updated plan* to Superintendent, Board and community for review and comment via on-line ASSIST program through AdvancedEd.com.
3. *Maintain copies of the plan* permanently *and other documentation to illustrate compliance with state and federal requirements.*

explanation: under the “every student succeeds act of 2015 (P. L. 114-95)” parents are informed when their child has been assigned or taught for four (4) or more consecutive weeks by a teacher not certified in that grade level and subject area. FINANCIAL implications: parental notification costs

# PERSONNEL $03.112 AP.22

- Certified Personnel -

ESSA Qualification Notifications

Annual Notification - Option to Request Professional Qualifications

**To**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s Name*

**From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*School Name*

**REGARDING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student’s Name*

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Because our District receives federal funds for Title I programs as a part of the Every Student Succeeds Act (ESSA), 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

# PERSONNEL $03.112 AP.22

# (Continued)

ESSA Qualification Notifications

Notification Re: Teacher Qualifications

**To**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s Name*

**FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*School Name*

**rEGARDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Student’s Name*

**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Our school is dedicated to providing the best instructional staff we can to teach our students. However, because our school receives Title I federal funds, the federal Every Student Succeeds Act (ESSA) requires us to inform you that your child has been assigned to a teacher who does not meet applicable State certification or licensure requirements to teach the subject at your child’s grade level. Your child

* has been assigned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of teacher Subject and grade level

for this school year.

* has been assigned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of teacher Subject and grade level

for the past four (4) weeks (20 instructional days.)

Please let me know if you have questions about this information (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

Telephone #

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

Principal/designee

EXPLANATION: ENACTMENT OF SB 6 (2017) PROHIBITS THE AUTOMATIC WITHHOLDING OR DEDUCTION FROM PAYROLL FOR DUES OR FEES FOR EMPLOYEE ORGANIZATIONS, ASSOCIATIONS, OR UNIONS WITHOUT PRIOR WRITTEN CONSENT FROM THE EMPLOYEE. SUCH WITHHOLDINGS CANNOT BE MADE BASED SIMPLY ON AN EMPLOYEE’S FAILURE TO “OPT OUT.” AN AFFIRMATIVE WRITTEN AUTHORIZATION IS REQUIRED. SB 6 PROVIDES THAT EXISTING CONTRACTS WITH EMPLOYEE ORGANIZATIONS/EMPLOYEES RELATING TO WITHHOLDINGS CAN CONTINUE TO BE HONORED. GIVEN THAT THIS NEW LAW TOOK EFFECT IN JANUARY OF 2017, IT IS UNLIKELY THAT ANY EXCEPTION FOR EXISTING CONTRACTS WILL APPLY GOING FORWARD (2017-18 YEAR AND BEYOND). YOU SHOULD CONSULT SCHOOL DISTRICT COUNSEL IF YOU HAVE QUESTIONS REGARDING ANY SUCH EXISTING CONTRACTS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# PERSONNEL AJ03.1211 AP.21

Employee Request for Optional Salary Deductions

**Enrollment form(s) for programs checked below must be submitted to the Central Office designee.**

Annually, employees shall complete and file this form with the Superintendent/designee by July 1.

Employees who are hired after June 1 must complete this form within the first ten (10) working days.

A minimum number of twenty (20) payers (not number of contracts) is required for each type of payroll deduction:

Except for tax-sheltered annuity deductions, the Board may discontinue current payroll deductions at the end of the fiscal year when the number of employees making payments to any agency or company falls below the required number of payers.

I hereby authorize the following salary deduction(s) for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

Insurance Options

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the State family plan health insurance program(s)

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved life insurance program(s)

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the State life insurance program(s)

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved dental insurance program(s)

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved cancer insurance program(s)

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved income protection/disability program(s)

Optional Savings Programs

🞏 Option \_\_\_\_\_\_\_\_\_\_ of the Board-approved tax sheltered annuity programs

🞏 Board-approved credit union

🞏 Option \_\_\_\_\_\_\_\_\_ of state-designated deferred compensation plans (401K/403(b)/457)

🞏 State-designated Flexible Spending Account (FSA) plan

🞏 State-designated Health Reimbursement Account (HRA) plan

Professional and Job-Related Organizations

🞏 KEA‑NEA and Local

🞏 KASA

🞏 PAC

# PERSONNEL AJ03.1211 AP.21

# (Continued)

Employee Request for Optional Salary Deductions

Deductions for membership dues of an employee organization, association, or union shall only be made upon the express written consent of the employee. This consent may be revoked by the employee at any time by written notice to the employer.

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

***Employee’s Signature Date***

EXPLANATION: NEW FMLA CERTIFICATION FORM FOR USE WHEN AN EMPLOYEE REQUESTS MILITARY CAREGIVER LEAVE.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# PERSONNEL $03.12322 AP.1

- Certified Personnel -

Family and Medical Leave Compliance

Required Notices

As required by law, the District shall post information and distribute notices using documents prepared by the United States Department of Labor (DOL) to implement the federal Family and Medical Leave Act. The FMLA poster provided by the DOL must be displayed in a conspicuous place at all locations where employees and applicants for employment can see it, including those work locations to which no eligible employees are assigned.

Posters, notices to provide to employees, and designated forms may be downloaded from the following (DOL) web site:

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

These include the following:

* FMLA Poster (PDF) - <http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>
* WH-380-E Certification of Health Care Provider for Employee’s Serious Health Condition - <http://www.dol.gov/whd/forms/WH-380-E.pdf>
* WH-380-F Certification of Health Care Provider for Family Member’s Serious Health Condition - <http://www.dol.gov/whd/forms/WH-380-F.pdf>
* WH-381 Notice of Eligibility and Rights & Responsibilities - <http://www.dol.gov/whd/forms/WH-381.pdf>
* WH-382 Designation Notice - <http://www.dol.gov/whd/forms/WH-382.pdf>
* WH-384 Certification of Qualifying Exigency for Military Family Leave - <http://www.dol.gov/whd/forms/WH-384.pdf>
* WH-385 Certification for Serious Injury or Illness of Covered Servicemember - <http://www.dol.gov/whd/forms/WH-385.pdf>
* WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave - https://www.dol.gov/whd/forms/wh385V.pdf

EXPLANATION: THE “EVERY STUDENT SUCCEEDS ACT OF 2015 (P.L. 114-95)” HAS A NEW DEFINITION OF PROFESSIONAL DEVELOPMENT.

FINANCIAL IMPLICATIONS: COST OF PROVIDING TRAINING

# PERSONNEL AW03.19 AP.1

‑ Certified Personnel ‑

Professional Development

Definitions

Professional development is defined as professional learning that is an individual and collective responsibility, that fosters shared accountability among the entire education workforce for student achievement, and:

1. Aligns with Kentucky Academic Standards in 704 KAR 3:303, educator effectiveness standards, individual professional growth goals, and school, district, and state goals for student achievement;
2. Focuses on content and pedagogy, as specified in certification requirements, and other related job-specific performance standards and expectations;
3. Occurs among educators who share responsibility for student growth;
4. Is facilitated by school and district leaders, including curriculum specialists, principals, instructional coaches, competent and qualified third-party facilitators, mentors, teachers or teacher leaders;
5. Focuses on individual improvement, school improvement, and plan implementation; and
6. Is on-going.

Professional development program means a sustained, coherent, relevant, and useful professional learning process that is measurable by indicators and provides professional learning and ongoing support to transfer that learning to practice.

Every Student Succeeds Act of 2015 (ESSA) defines professional development as activities that are an integral part of school and local educational agency strategies for providing educators with the knowledge and skills necessary to enable students to succeed in a well-rounded education and to meet the challenging State academic standards; and that are sustained (not stand-alone, 1-day, or short term workshops), intensive, collaborative, job-embedded, data-driven, and classroom-focused.

Professional Development Program

The school and District, under the direction of the Professional Development Coordinator (PDC), shall develop and implement plans of continuing professional development. The plans shall include, but not be limited to, the following components:

1. A clear statement of the school or District mission;
2. Evidence of representation of all persons affected by the Professional Development plan;
3. A needs assessment analysis;
4. PD objectives that are focused on the school or District mission, derived from needs assessment, and that specify changes in educator practice needed to improve student achievement; and

# PERSONNEL AW03.19 AP.1

# (Continued)

Professional Development

Professional Development Program (continued)

1. A process for evaluating impact on student learning and improving professional learning, using evaluation results.

Professional development activities shall be in accordance with federal guidelines and Kentucky State Regulation.

Certified Staff Responsibilities

In addition to job-embedded professional learning included in the Professional Development Plan, it is the responsibility of each full‑time certified staff member to complete the twenty-four (24) hours of professional development required in the District calendar. Part‑time employees shall complete the appropriate portion of the twenty‑four (24) hours.

New Teacher Orientation

Prior to the opening of school all teachers new to the District shall be required to attend an orientation session, to acquaint new personnel with Board policies, administrative procedures, and Central Office staff. The Instructional Team will be responsible for the program and all arrangements.

Requirement Must Be Fulfilled

Professional development is ongoing. However the twenty-four (24) hours required by statute must be fulfilled by June 30 of each year. If it is not, repayment for the appropriate hours will be deducted from the individual's paycheck.

It is the responsibility of the individual to provide appropriate documentation for all completed professional development. Internal offerings are documented by sign‑in sheets. For activities outside the District, it is the responsibility of the individual to obtain the appropriate form prior to attendance, have it completed and return it to the PDC. Registration costs, meals, and mileage are the responsibility of the individual unless supplemental funds are provided by another source.

Related Procedure:

03.125 AP.21

EXPLANATION: HB 195 AMENDS MULTIPLE STATUTES TO CHANGE THE GENERAL EDUCATION DIPLOMA (GED) TO HIGH SCHOOL EQUIVALENCY DIPLOMA.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# PERSONNEL W03.221 AP.22

Classified Checklist

**NELSON COUNTY BOARD OF EDUCATION**

**P.O. BOX 2277, 288 WILDCAT LANE**

## Fax: 502-349-7004

**Phone: 502-349-7000**

**BARDSTOWN, KENTUCKY 40004**

**CLASSIFIED CHECKLIST—PRE-EMPLOYMENT REQUIREMENTS**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TO ALL NEW EMPLOYEES:**

THE FOLLOWING ITEMS MUST BE IN TO THE CENTRAL OFFICE BEFORE THE OPENING OF SCHOOL OR TWO WEEKS AFTER YOUR EMPLOYMENT, WHICHEVER IS APPLICABLE. IF ALL MATERIAL LISTED BELOW IS NOT RECEIVED WITHIN 4 WEEKS FROM YOUR EMPLOYMENT DATE, ALL PAYCHECKS WILL BE HELD.

APPLICATION (including references, a list of states of former residence and dates of residency, and picture identification) \_\_\_\_\_\_\_\_

3 REFERENCE FORMS COMPLETED \_\_\_\_\_\_\_\_

DIPLOMA OR HIGH SCHOOL EQUIVALENCY DIPLOMA \_\_\_\_\_\_\_\_

PHYSICAL \_\_\_\_\_\_\_\_

TB RISK ASSESSMENT PER 702 KAR 1:160 \_\_\_\_\_\_\_\_

CRIME CHECK FORM \_\_\_\_\_\_\_\_

FINGER PRINT ($10.00 CHECK) Nelson County Bd. of Education

MVR RECORD \_\_\_\_\_\_\_\_

BUS DRIVERS ONLY ($3.00 CHECK) Nelson County Bd. of Education

IMMIGRATION ELIGIBILITY VERIFICATION \_\_\_\_\_\_\_\_

TWO FORMS OF OFFICIAL I.D.

CONTRACT \_\_\_\_\_\_\_\_

CONTACT INSURANCE OFFICE \_\_\_\_\_\_\_\_

EMPLOYMENT VERIFICATION \_\_\_\_\_\_\_\_

DRUG TESTING…………………………………………………………………………………\_\_\_\_\_\_\_\_

PERSONNEL W03.221 AP.22

(Continued)

Classified Checklist—Bus Drivers

**NELSON COUNTY BOARD OF EDUCATION**

**P.O. BOX 2277, 288 WILDCAT LANE**

## Fax: 502-349-7004

**Phone: 502-349-7000**

**BARDSTOWN, KENTUCKY 40004**

**THE FOLLOWING ITEMS ARE NEEDED FOR BUS DRIVER FOLDER:**

**MAIN EMPLOYMENT FOLDER**

APPLICATION (including references, a list of states of former residence and dates of residency, and picture identification) \_\_\_\_\_\_\_\_

3 REFERENCE FORMS COMPLETED \_\_\_\_\_\_\_\_

DIPLOMA OR HIGH SCHOOL EQUIVALENCY DIPLOMA \_\_\_\_\_\_\_\_

PHYSICAL (COPY OF INITIAL ONE) \_\_\_\_\_\_\_\_

TB RISK ASSESSMENT PER 702 KAR 1:160 \_\_\_\_\_\_\_\_

CRIME CHECK \_\_\_\_\_\_\_\_

IMMIGRATION ELIGIBILITY VERIFICATION (TWO FORMS OF OFFICIAL I.D.) \_\_\_\_\_\_\_\_

PERSONNEL ASSIGNMENT SHEET (CURRENT TO BACK OF FOLER) \_\_\_\_\_\_\_\_

**DRIVER REQUIREMENT FOLDER**

COPY OF CDL LICENSE (RENEWED WITH DRIVERS LICENSE RENEWAL) \_\_\_\_\_\_\_\_

MVR RECORD CHECK \_\_\_\_\_\_\_\_

PRE-EMPLOYMENT INTERVIEW (INTROCUTION – 1ST CLASS) \_\_\_\_\_\_\_\_

PRE-EMPLOYMENT ROAD TEST \_\_\_\_\_\_\_\_

100 QUESTION TEST \_\_\_\_\_\_\_\_

**MEDICAL FOLDER**

DRUG TEST (UPON EMPLOYMENT AND THEN RANDOMLY) \_\_\_\_\_\_\_\_

PHYSICALS (YEARLY) \_\_\_\_\_\_\_\_

ALL MEDICAL INFORMATION WITH CURRENT TO THE FRONT OF FOLDER \_\_\_\_\_\_\_\_

**EVALUATION FOLDER**

EVALUATIONS YEARLY WITH CURRENT TO THE FRONT OF FOLDER \_\_\_\_\_\_\_\_

PERSONNEL W03.221 AP.22

(Continued)

Classified Checklist—Students

**NELSON COUNTY BOARD OF EDUCATION**

**P.O. BOX 2277, 288 WILDCAT LANE**

## Fax: 502-349-7004

**Phone: 502-349-7000**

**BARDSTOWN, KENTUCKY 40004**

**CLASSIFIED CHECKLIST—PRE-EMPLOYMENT STUDENT REQUIREMENTS**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TO ALL NEW EMPLOYEES:**

THE FOLLOWING ITEMS MUST BE IN TO THE CENTRAL OFFICE BEFORE YOU CAN RECEIVE YOUR FIRST PAYCHECK.

APPLICATION (including references, a list of states of former residence and dates of residency, and picture identification) \_\_\_\_\_\_\_\_

3 REFERENCE FORMS COMPLETED \_\_\_\_\_\_\_\_

YOUTH LEADER CRIME CHECK \_\_\_\_\_\_\_\_

IMMIGRATION ELIGIBILITY VERIFICATION \_\_\_\_\_\_\_\_

TWO FORMS OF OFFICIAL I.D.

TAX FORMS W4/K4 \_\_\_\_\_\_\_\_

DIRECT DEPOSIT \_\_\_\_\_\_\_\_

EXPLANATION: THERE IS NO REQUIREMENT FOR SCHOOL DISTRICTS TO PROVIDE CHILD SAFETY RESTRAINT SYSTEMS ON BUSES FOR PRESCHOOL STUDENTS UNLESS THEY ARE PROVIDING DISTRICT TRANSPORTATION TO A HEAD START PROGRAM.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# TRANSPORTATION $06.32 AP.1

Eligibility for Transportation

Students With Disabilities

The need for special transportation for students with disabilities must be determined by the ARC or Section 504 Team and stated in the student’s Individual Education Plan (IEP) or Section 504 Plan.

Career and Technical Students

High school students attending an area career and technical school or extension center are eligible to be transported from the high school to the career and technical school. Transportation will be provided by the District in accordance with state regulations.

Distance Limitations

Three (3)- and (4)-year-old preschool children and students with disabilities are not required to meet the distance specifications in Policy 06.32 to be eligible for school transportation.

Preschool Transportation

When the parent/guardian, or a person authorized by the parent/guardian to accept the child, is not present upon midday or afternoon delivery, the child shall be returned to the school upon completion of the route. The parent/guardian shall be notified of the child’s location and shall be responsible for pick up.

Upon the third (3rd) time the assigned adult is not present to receive the child, the parent(s)/guardian will be requested to provide transportation for the child.

Children in Foster Care

The Superintendent will appoint a Point of Contact (POC) to coordinate activities relating to the District’s provision of services to children placed in foster care, including transportation services, when the District is notified by the Cabinet for Health and Family Services in writing that the Cabinet has designated its foster care POC for the District. The Superintendent may appoint the District POC prior to such notice from the Cabinet.

The District will collaborate with the Cabinet when transportation is required to maintain children placed in foster care in a school of origin outside their usual attendance area or District when in the best interest of the student. Under the supervision of the Superintendent/designee, the District POC will invite appropriate District officials, the Cabinet POC, and officials from other districts or agencies to consider how such transportation is to be promptly arranged and funded in a cost effective manner. The arrangement and funding will be in accordance with the Cabinet’s authority to use child welfare funding when required to maintain children in foster care in their school of origin when in the best interest of the student.

# TRANSPORTATION $06.32 AP.1

# (Continued)

Eligibility for Transportation

Children in Foster Care (continued)

If there are additional costs to be incurred in providing transportation to maintain a student in the school of origin, the District will provide transportation to such school if:

* The Cabinet agrees to reimburse the District for the cost of such transportation;
* The District agrees to pay for the cost of such transportation; or
* The District and the Cabinet agree to share the cost of such transportation.

Definitions

“Foster Care” means 24-hour care for children placed away from their parents, guardians, or person exercising custodial control or supervision and for whom the Cabinet has placement care and responsibility.

“School of origin” means the school in which a child is enrolled at the time of placement in foster care.

While “Best Interest” is not defined in ESSA, that determination shall take into account all relevant factors, including consideration of the appropriateness of the current educational setting, and the proximity to the school in which the child is enrolled at the time of foster care placement.1

References:

1[Non-Regulatory Guidance: Ensuring Educational Stability for Children in Foster Care](http://www2.ed.gov/policy/elsec/leg/essa/edhhsfostercarenonregulatorguide.pdf)

KRS 605.120

922 KAR 1:350

42 U.S.C. § 675(4)(A)

20 U.S.C. § 6311(g)(1)(E)

20 U.S.C. § 6312(c)(5)

P. L. 114-95, (Every Student Succeeds Act of 2015)

EXPLANATION: AS PART OF ASSURING COMPLIANCE, FOOD SERVICE AUDITORS MAY ASK TO SEE THE DISTRICT’S COLLECTION AND PARENT NOTIFICATION POLICY.

FINANCIAL IMPLICATIONS: COST OF PRINTING NOTICES

# SUPPORT SERVICES L07.1 AP.1

School and Community Nutrition Program

Program Funds

Because the District receives federal, state, and local funds to finance the school and community nutrition program, it is imperative that funds be properly safeguarded, that accurate records be kept, and that reports be made as required. In order to achieve this, the following procedures will be implemented:

1. All funds received as payment for meals (school nutrition program breakfast and/or lunch) and federal and state reimbursements shall be used only for food, labor, equipment, and supplies for the operation/improvement of the school nutrition program.
2. School nutrition program funds may not be used for:
   1. The purchase of land.
   2. The purchase or construction of buildings.
3. All schools shall make the required reports as required by the USDA and the Kentucky Department of Education.
4. A copy of all reports, financial records, and applications for free- and/or reduced-price meals shall be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.

It is recommended by KDE that if the school/District is operating under the Community Eligibility Provision, copies of Household Income Forms (HIF) be kept following the retention schedule above.

1. All meals receiving federal reimbursement are priced as a complete unit.
2. The school nutrition program is operated on a nonprofit basis. Actual cash balances shall be maintained in accordance with state/federal regulation, as appropriate.

Food Service/School Nutrition Program Director Report

Each year, the District/area Food Service/School Nutrition Program Director shall assess the school nutrition program and issue a written report to parents, the Board, and school-based decision making councils by a date specified by the Superintendent/designee. The annual report shall include requirements specified by state and federal regulations.

Student Meal Charges

All parents shall be provided the written meal charge policy at the beginning of each school year or upon enrollment in the District for students transferring in mid-year. In addition, parents shall be advised of the available payment systems and meal prices.

Students are limited to no more than $10.00 charges. Charges are allowed for students who have forgotten to bring money for breakfast or lunch and have no way to secure any money at the time.

# SUPPORT SERVICES L07.1 AP.1

# (Continued)

School and Community Nutrition Program

Student Meal Charges (continued)

* Students who have reached the charge limit:
  + Must bring a sack lunch from home OR
  + An alternate meal will be provided of cheese and crackers, fruit/vegetable, and milk OR peanut butter alternative and crackers, fruit/vegetable, and milk.
  + Parents will be notified by phone of the outstanding charges.
  + The student’s name is turned over to the Principal or the Principal’s designee for corrective action.
* Students with any charges:
  + No “extras” may be purchased if you have any charges to your account.
  + Parent will receive a notice of outstanding charges each week. If parents have not contacted the Cafeteria Manager or submitted the amount indicated within ten (10) working days from the date of the final notice, the debt will be considered delinquent.

Food Service funds may be used to collect delinquent meal charges.

* Students may pay fees through electronic option provided by Board.

References:

702 KAR 6:090

7 C.F.R. 245.6

EXPLANATION: THIS IS TO CLARIFY THE PROCESS FOR PARENTS TO FOLLOW TO REQUEST SPECIAL DIETARY SERVICES FOR THEIR CHILD AND OUTLINES DISTRICT RESPONSIBILITIES.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# SUPPORT SERVICES $07.1 AP.11

Food Allergies and Special Dietary Needs

The District School Nutrition Program shall provide modified menus or food preparation for students as required by their individual education plan (IEP), Section 504 plan, or health plan.

The District School Nutrition Program shall be informed of any student who is unable to consume the meals normally served at the school in which s/he is enrolled.

Nutrition Program services shall provide for substitution of food items based on child-specific medical guidance.

Parent Responsibilities

Parents requesting dietary accommodations for their child shall:

1. Notify the school principal of any food allergy or special dietary need related to a disabling condition or medical necessity.
2. Provide a written statement containing medical information from a medical authority authorized to practice within the State of Kentucky as noted in the student’s IEP, 504 plan or health plan.
3. Provide updated medical information as requested by the District.
4. Participate in any meetings or discussions regarding the student’s meal plan.
5. Notify the school of any changes relating to the food allergy or special dietary need.

School Site Responsibilities

1. Inform school nutrition personnel who to notify when they receive a request from a parent or student for accommodations related to food allergies.
2. Identify children requiring special dietary modifications
3. Refer a student with known or suspected special dietary needs for special services as required by law and shall notify the Special Education Director, Section 504 Coordinator, school nurse or health services assistant, as appropriate, given the nature of the medical requirement or disabling condition known or suspected.
4. Make staff and the student aware of precautions needed related to field trips, classroom parties, allergy alert identification, intervention strategies, and other issues necessary to promote student safety.
5. Communicate plan requirements to all potential plan implementers, such as designated School Nutrition staff, the student’s teachers, etc.
6. Monitor and update the IEP, Section 504 plan, or health plan as needed.

****Food & Nutrition Services Responsibilities****

1. Provide food item services and/or substitutions for students based on medical need. Menus will not be modified based on personal preference.
2. Provide training to school nutrition personnel on how to react to food allergies and food-related emergencies and how to modify menus.
3. Maintain special dietary information on each student identified as having special dietary needs and update this information as needed.

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION NO LONGER HAS A DIVISION NAMED STUDENT/FAMILY SUPPORT SERVICES AND NO LONGER REQUIRES DISTRICTS TO SEND THE DOCUMENTS AS LISTED BELOW.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# CURRICULUM AND INSTRUCTION $08.1312 AP.1

Application for Home/Hospital Instruction

The Home/Hospital Instruction application is incorporated by reference in 704 KAR 7:120. This application is available from the Kentucky Department of Education website.

Related Procedures:

08.1312 AP.21

08.1312 AP.23

EXPLANATION: THE “EVERY STUDENT SUCCEEDS ACT OF 2015 (P. L. 114-95)” REQUIRES DISTRICTS TO NOTIFY PARENTS OF THEIR RIGHT TO REQUEST AND RECEIVE INFORMATION REGARDING STATE OR DISTRICT ASSESSMENT POLICIES.

FINANCIAL IMPLICATIONS: COST OF PROVIDING NOTICES

# CURRICULUM AND INSTRUCTION $08.222 AP.21

ESSA Assessment Notification

Annual Notification - Option to Request Assessment Information

**To**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s Name*

**FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*School Name*

**rEGARDING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Student’s Name*

**DATE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **GRADE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Parent/Guardian,

Because our District receives federal funds for Title I programs as a part of the Every Student Succeeds Act (ESSA), you may request information addressing any State or District policy regarding student participation in any assessments mandated by ESSA, by the State or District. If you would like to request this information, please contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by phone at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by e-mail at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Principal/designee

explanation: the Board may designate a student’s address as directory information under FERPA; however, under the McKinney-Vento Act, information regarding a student’s living situation is not considered directory information. As a result, information about a student’s living situation must be provided the same protections as other non-directory, personally identifiable information (PII) contained in student education records under FERPA.

financial implications: NOne Anticipated

# STUDENTS $09.14 AP.12

Student Directory Information Notification

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the District not to disclose directory information listed below. We are required to disclose a student’s name, address, and telephone listing at the request of Armed Forces recruiters or institutions of higher education, unless a parent or student who has reached age 18, requests that this information *not* be disclosed.

Information about the living situation of a homeless student is not considered directory information.

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

***Date***

Dear Parent/Eligible Student,

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

***Student’s Name***

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***Student Directory Information Listing*** | | | |
| **Section I**  **Release to Third Parties other than Armed Forces Recruiters and Institutions of Higher Education**  (Parent or student who has reached age 18 may sign below to direct the District to withhold information in this section.) | | **Section II**  **Armed Forces Recruiters & Institutions of Higher Education**  (Parent or student who has reached age 18 may sign below to direct the District to withhold information in this section.) |
| **Choose one of the Options below:**  🞏 **Option 1:** The District **MAY NOT RELEASE ANY** information listed below.  🞏 **Option 2:** The District **MAY RELEASE ONLY** the information checked below. | | **Choose one of the Options below:**  🞏 **Option 1:** The District **MAY NOT RELEASE ANY** information listed below.  🞏 **Option 2:** The District **MAY RELEASE ONLY** the information below. |
| ***If you choose Option 2, check the item(s) of information listed below that the District may release.*** | |  |
| 🞏 Student’s name  🞏 Student’s address  🞏 Student’s school email address 🞏 Student’s telephone number  🞏 Student’s date and place of birth  🞏 Student’s major field of study  🞏 Information about the student’s participation in officially recognized activities and sports | 🞏 Student’s weight and height (if a member of an athletic team)  🞏 Student’s dates of attendance  🞏 Degrees, honors and awards the student has received  🞏 Student’s photograph/picture  🞏 Most recent educational institution attended by the student  🞏 Grade level | * Student’s name * Student’s address * Student’s telephone number (if listed) |

**NOTE: If directed to withhold a student’s name, grade level, or photograph, THAT information will not be included in any school OR DISTRICT publication released to the public. a Parent wishing to permit SUCH information about his/her child (name, picture, etc.) to be included in a school or district publication (yearbook, sports program, etc.) that is sold for fund-raising purposes must provide written consent for such purposes.**

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

***Parent/Student Signature Date***

EXPLANATION: CONSIDER REMOVING “SCHOOL ATHLETICS” FROM FEE WAIVER EXAMPLE TO CLARIFY WAIVERS DON’T APPLY TO EXTRACURRICULAR ACTIVITIES.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: 702 KAR 3:220 REQUIRES ALL DISTRICTS HAVE PROCEDURES IN PLACE FOR STUDENTS TO APPLY FOR WAIVER OF FEES. THIS DOCUMENT IS BEING SENT AS AN OPTION TO MEET THAT REQUIREMENT.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# STUDENTS $09.15 AP.21

Application for Waiver of Fees

|  |
| --- |
| **Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Last Name First Name Middle Initial***  **Student’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**  ***City State ZIP Code***  **Student’s Age \_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_ Student’s Phone Number \_\_\_\_\_\_\_\_\_\_**  **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Homeroom/Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Name of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If none, number of nearest neighbor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the chart below, list the Name, Birthdate, School, and Grade for **all other** children in the home:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Birthdate | Grade | School Attending |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employment Status of Parent/Guardian:**

**Mother:** 🞏 Employed 🞏 Unemployed

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father:** 🞏 Employed 🞏 Unemployed

Employer’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Family Income from last Income Tax Return \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? 🞏 YES 🞏 NO
2. If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?

* School administrators
* Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program. 🞏 YES 🞏 NO

# STUDENTS $09.15 AP.21

# (Continued)

Application for Waiver of Fees

1. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and school athletic and field trip fees, etc.?

* School administrators
* Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision. 🞏 YES 🞏 NO
* Failure to sign this consent statement will not affect your child’s eligibility or participation for the program.
* The recipient will be required to maintain confidentiality of the information.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Parent/Guardian’s Signature Date***

**Application 🞏 approved 🞏 denied** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

***Central Office Designee’s Signature Date***

EXPLANATION: THIS CLARIFIES THAT 702 KAR 5:030 STATES THAT THE PRINCIPAL IS RESPONSIBLE FOR A SYSTEM OF ADEQUATE SUPERVISION OF PUPILS ENTERING AND LEAVING BUSES AT SCHOOL. OTHER PERSONNEL MAY PROVIDE SUPERVISION IN OTHER AREAS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# STUDENTS F09.221 AP.1

Supervision of Students

Responsibility

Principals shall develop and implement a system of supervision to address students as they enter and leave the bus at school.

Schools may use authorized personnel in supervisory capacities in the following areas:

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

Reference:

702 KAR 5:030

EXPLANATION: KRS 620.030 REQUIRES TEACHERS, SCHOOL ADMINISTRATORS, OR OTHER SCHOOL PERSONNEL WHO KNOW OR HAVE REASONABLE CAUSE TO BELIEVE THAT A CHILD UNDER 18 IS DEPENDENT, ABUSED OR NEGLECTED, OR IS A VICTIM OF HUMAN TRAFFICKING TO REPORT IT TO LAW ENFORCEMENT.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

# STUDENTS $09.227 AP.1

Child Abuse/Neglect/Dependency

Making an Oral Report

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

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

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

EXPLANATION: HB 253 CREATES A NEW SECTION OF KRS 620 WHICH WILL REQUIRE A SCHOOL TO PROVIDE THE CABINET ACCESS TO A CHILD SUBJECT TO AN INVESTIGATION WITHOUT PARENTAL CONSENT.

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***Last Name First Name Middle Initial***  **Student’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***City State ZIP Code***  **Student’s Age** **\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_ Student’s Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_ Teacher/Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Arrest \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Law Enforcement Agency:** (Check one)

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

**Arresting Officer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of the Offense Charged:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Issuing Authority of Arrest Warrant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Place of Custody:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Notified by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at: \_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_

***Employee Time Date***

NOTE: If a student is an alleged victim of abuse or neglect, school officials shall follow directions provided by the investigating officer or Cabinet for Health and Family Services representative as to whether to contact a parent and shall provide the cabinet access to a child subject to an investigation without parental consent.

**Parent/Guardian Notified:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

***Principal/Designee’s Signature Date***

EXPLANATION: THE OFFICE OF CIVIL RIGHTS REQUIRES DISTRICTS TO HAVE A COMPLAINT PROCESS REGARDING WEBSITE ACCESSIBILITY. THIS NEW FORM MEETS THAT REQUIREMENT.

FINANCIAL IMPLICATIONS: PRINTING COSTS

# COMMUNITY RELATIONS $10.5 AP.24

Website Accessibility Complaint and Grievance Form

Date of Complaint/Grievance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(Please Print)

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

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

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

Website address (or location) of accessibility problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Description of the problem encountered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Solution desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you for bringing this matter to the District’s attention. You may be contacted if more information is needed to process your complaint/grievance. The investigation process is typically completed within fifteen (15) working days from the date it was received.

The complaint or grievance will be investigated by the Superintendent/designee. The complainant shall be contacted no later than five (5) working days following the date the District receives the information. The procedures to be followed are:

* An investigation of the complaint shall be completed within fifteen (15) working days. Extension of the time line may only be approved by the Superintendent.
* The investigator shall prepare a written report of the findings and conclusions within five (5) working days of the completion of the investigation.
* The investigator shall contact the complainant upon conclusion of the investigation to discuss the findings and conclusions and actions to be taken as a result of the investigation.

A record of each complaint and grievance shall be maintained at the District office. The record shall include a copy of the complaint or grievance filed, report of findings from the investigation, and the disposition of the matter.