

Fuel and Equipment

PURCHASING FUEL AND PARTS

The purchase of fuel, motor oil, transmission fluid, antifreeze, and selected bus parts shall be determined by the Board's bidding policy (04.32) and related procedures. The designated vendor will furnish, install, and maintain, as appropriate, pumps and related equipment for gasoline and diesel fuel.

PROCEDURES FOR ACQUIRING

Drivers will fuel their buses at the Board's fuel pump(s), as designated. Drivers are required to check all fuel levels daily and are responsible for putting fuel into their buses. ~~They shall keep a monthly log of all fuel used and submit this form to the Director of Transportation/Central Office designee on the last working day of the calendar month.~~

Drivers will secure their motor oil, transmission fluid, and antifreeze at the bus garage or other facility, as designated. Drivers are required to check all fluid levels daily and are responsible for putting oil into their buses. A mechanic, upon request of the driver, will fill buses with antifreeze and transmission fluid.

REPLACEMENT OF PARTS

All replacement of parts will be done by a mechanic.

EMERGENCY PROCEDURES

In case of mechanical trouble, the driver will call (or radio) the bus garage or the Director of Transportation/Central Office designee for instructions.

OUT-OF-DISTRICT TRIPS

Upon approval of the Director of Transportation/Central Office designee, a Board credit card may be furnished to drivers making out-of-District trips. These cards are to be used to purchase fuel and/or to pay for minor repairs. In the event it becomes necessary for the driver to pay cash for a bus charge(s), s/he shall get a receipt for the payment and turn it in to the Transportation Director/Central Office designee for approval and reimbursement of expenses. In emergency situations, the Superintendent may authorize payment prior to Board approval.

RELATED PROCEDURES:

- 03.125 AP.21
- 03.125 AP.22
- 04.31 AP.2
- 04.32 AP.1
- 06.13 AP.2

Inclement Weather Plan**NOTIFICATION**

The Director of Transportation/Central Office designee shall prepare a plan whereby all bus drivers will be notified when school is delayed or dismissed.

When school is called off or delayed, the District's "Inclement Weather Plan" shall be posted on the District's website~~the announcement will be made on designated radio and TV stations. At the beginning of each school year, t~~The Superintendent/designee shall notify students, employees, and parents via the District's phone notification system, news media outlets, District social media outlets, and the District's website~~as to the stations that will carry the District's delay/cancellation information.~~

BUS RUNS

Drivers should be available for unexpected schedule changes.

When the opening of school is delayed, bus runs will reflect the delay.

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:
 - a. The purchase of land.
 - b. 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.
5. All meals receiving federal reimbursement are priced as a complete unit.
6. 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 ~~published~~~~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.

REFERENCES:

702 KAR 6:090
7 C.F.R. 245.6

Notice of Returned Check

TO:

FROM: BOONE COUNTY SCHOOL FOOD SERVICE

RE: RETURNED CHECK

Your check was returned unpaid. We have enclosed a copy of this check for your records. Please remit the amount of the check plus a \$~~25.00~~^{7.50} bank service charge. **You may pay this amount by cash or money order.** If paying by money order, you may remit to Boone County Schools Food Service, 8330 US 42, Florence, Ky. 41042. If paying by cash, you will need to bring your payment to the Food Service Department at the Board of Education Office at 8330 US 42, Florence.

Notice of Returned Check

SECOND NOTICE

TO:

RE: RETURNED CHECK

DATE:

You are being notified that a check was returned by your bank for the following reason:

Check No. _____

Dated: _____

Student Name: _____

School: _____

Check Amount. _____

*Bank Service Charge: \$~~25.00~~7.50

TOTAL AMOUNT DUE: _____

DUE DATE: _____

To avoid further action by the Boone County Board of Education, please forward your payment by the due date. **Delaying payment may incur other service fees and filing a complaint with the Boone County Courts.**

*This service fee is charged to our account by the bank and must be included with your payment.

If you have any questions, please contact the Food Service office at 282-2555. Thank you for your prompt attention to this matter.

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, as indicated on the Special Dietary Needs form.

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 via the Special Dietary Needs form.
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 Special Dietary Need form 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.

Formatted: Font: 12 pt

Formatted: ksba normal

Formatted: Font: 12 pt

FOOD & NUTRITION SERVICES RESPONSIBILITIES

1. Provide food item services and/or substitutions for students based on medical need as indicated on the Special Dietary Needs form or the IEP. 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.

Vending Machines**FACULTY ACCESS**

The Principal shall designate responsibility for maintenance of vending machines for faculty use, including receipts, supplies, and stocking. The person(s) responsible shall be the Principal/designee.

STUDENT AND PUBLIC ACCESS

Vending machines approved for limited student and public use will be placed in a controlled access area. Student access to vending machines shall be in compliance with current [state and federal regulations, as well as](#) District policy/procedures relative to competitive foods. Vending machines may be used by the public when the building is open to the public after regular school hours.

The Principal shall designate responsibility for maintenance of these vending machines, including receipts, supplies, and stocking. The person(s) responsible shall be the Principal/designee.

School Attendance Zones/Areas - Maximum Class Size**REQUEST BY RESIDENT FOR CHANGE IN SCHOOL ASSIGNMENT**

Students living within the District will not be permitted to enroll in a school outside their geographic attendance zone/area if the class in which they would enroll meets or exceeds the maximum class size. ~~If these students are enrolled in a class whose membership increases to exceed the maximum class size, they will be reassigned when class size permits in the school that serves his/her attendance zone.~~

~~When other factors are equal, date of enrollment will determine order of assignment and reassignment.~~

HOMELESS YOUTH AND FOSTER CHILDREN

Assignment to attendance zones shall be subject to modification when federal law applicable to students placed in foster care or students who are homeless requires that such students be educated in a “school of origin” that differs from the assigned attendance area.

Employee Child Change in School Assignment/Nonresident Application

Boone County Schools
8330 US 42
Florence, KY 41042
(859) 282-3325

In accordance with District Board Policy 09.11, and to ensure your child's enrollment in the Boone County School District for the upcoming school year, a signed copy of this application must be received at the above address no later than August 1. Regular employees working a **minimum of twenty (20) hours per week** for a contract year (not including substitutes and extra duty positions), shall have the option of enrolling their children in the District school of their choice, provided: 1. the class size maximum is not exceeded and 2. the district of nonresident employee transfers ADA funds. Employees who live out of state are not eligible. A new application is only required when students enter any school initially or when moving from elementary school to middle school and middle school to high school. ~~This application is for the current school year only.~~

1. Date Application Filed _____
2. Full Name of Student _____
3. Date of Birth _____
4. Grade Level of Student for Upcoming School Year _____
School Requested for Upcoming School Year _____
5. School Name & District you Currently Reside In _____
6. Name of Parent(s)/Guardian(s) _____
7. Address of Residence _____
8. Home Phone _____
9. Does the Student Currently Have an IEP or 504 Plan: ☐ Yes ☐ No
10. School or Job Location of Employee _____
11. Job Position/Title _____
12. Direct Supervisor/Principal _____
13. If approved for change in assignment/non-resident attendance, this application becomes a non-resident contract and subject to the following guidelines:
 - a. Student must be making academic progress towards promotion (determined by Principal)
 - b. Student must comply with District and School Code of Conduct (determined by Principal)
 - c. Student must not be an attendance problem (determined by Principal)
 - d. Athletic eligibility is to be determined by KHSAA guidelines by School Athletic Director
 - e. Parent must provide transportation
 - f. Parents must submit a new application at each level (elementary, middle, and high school) annually.

I hereby acknowledge that my child's continued school assignment is contingent upon compliance with Section 13 above.

Parent/Guardian's Signature _____

Date _____

Approved _____

Date _____

Denied _____

Date _____

CC: Parent/Guardian _____
Receiving Principal _____
Non-Receiving Principal _____

Home Schooling Notification

PROCEDURE

The DPP/designee will offer to meet with the home school teacher to review legal requirements, provide a copy of the best practice document, and offer other supplemental materials available from the District ~~and request a copy of the home school curriculum from the home school teacher~~. If a meeting is not possible, copies of the “Home School Information Packet and Best Practice Document” and related information shall be mailed to the home school teacher. The DPP/designee shall use the summary below as a guideline for discussing topics with a prospective home school teacher.

SUMMARY OF REQUIREMENTS

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

- Notify the Superintendent in writing of intent to home school student;
- Teach the child reading, writing, spelling, grammar, history, math, and civics. KRS 156.160;
- Provide **no fewer** student attendance days than required in current state law;
- Maintain attendance records. KRS 159.040;
- Maintain academic records. It is suggested that you maintain a portfolio (compilation) of the child’s best work from year to year. KRS 159.040/KRS 156.160;
- Make records available in case of inquiry. KRS 159.040; and
- Make sure that children between the ages of six (6) and eighteen (18) shall attend an educational institution as described in Kentucky compulsory attendance law. KRS 159.010.

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

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

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

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

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

HOMELESS STUDENTS AND UNACCOMPANIED YOUTH

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

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

GUIDELINES FOR ENROLLMENT

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

Formatted: Font color: Red, Strikethrough

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

- Oral proof when the native language of a parent or guardian is not a written language.
- 3. A student's exact date of birth (month, day and year) is not required for initial enrollment.
- 4. When a student is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs and street outreach programs may offer proof of age and identity of a student for initial enrollment purposes.
- 5. The District homeless student liaison shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain essential records that are not in existence and immediately place the student in appropriate programs.
- 6. To the extent possible, the District homeless student liaison shall attempt to provide required notices to non-English speaking parents via written language understandable to the general public and in the native language or other mode of communication of the parent with documentation of the attempt. If the native language of the parent is not a written language, the liaison should take steps to ensure that the notice is translated orally or by other means so that the parent understands the content of the notice and that there is written evidence of the translation to the extent possible with documentation of the attempt.

CHILDREN IN FOSTER CARE

The foster care liaison may also be the homeless education liaison. The foster care liaison's responsibilities shall be to ensure that:

1. The child in foster care remains in his or her school of origin, unless it is determined that remaining in the school of origin is not in that child's best interest;
2. If it is not in the child's best interest to stay in his or her school of origin, the child is immediately enrolled in the new school even if the child is unable to produce records normally required for enrollment; and
3. That the new (enrolling) school immediately contacts the school of origin to obtain relevant academic and other records.

DISTRICT FORM

Please refer to Procedure 09.224 AP.21 for a copy of the District's enrollment and emergency information form.

Student Residency Questionnaire

704 KAR 7:090

1. Presently, where is the student living?

Check one or more that apply:

- ☐ Living with their families in hotels, motels, public or private shelters or other temporary living arrangements due to the lack of a fixed, regular and adequate residence;
- ☐ Residing in special care homes such as runaway shelters or spouse abuse centers due to the lack of a fixed, regular and adequate residence;
- ☐ Placed by parents under the care of relatives or nonrelatives due to the homeless situation of the family or due to their impoverished condition which may cause the family members to live separately from one another
- ☐ Sleeping in a public or private place not ordinarily used as a regular sleeping accommodation for human beings;
- ☐ Sick or abandoned children staying in hospitals, who would otherwise be released if they have a place to go;
- ☐ Living in campgrounds or similar temporary sites because they lack living accommodations that are fixed, regular and adequate. Those living in campgrounds on a long-term basis in adequate accommodations shall not be considered homeless; or
- ☐ Unaccompanied youth who are living outside of their home environment and who are living in a shelter, on the street, or who move from one friend's house to another in a cycle of transiency.

2. The student lives with:

- ☐ 1 parent
- ☐ 2 parents
- ☐ Parent and another adult
- ☐ A relative or friend(s)
- ☐ Alone with no adults
- ☐ An adult that is not the parent or legal guardian

School: _____

Name of Student: _____ ☐ Male ☐ Female

Birth Date: ____/____/____ Age: _____ SSN # (optional)/Identification # _____

Name of Parent(s)/Legal Guardian(s)/Adult in charge of student: _____

Address: _____ ZIP: _____ Phone/Cell Phone: _____

This student may need assistance with (i.e. school supplies/clothing/mental/dental services)

*FAX to Student Services (334-4459)**Attention: Attendance Services Office*

For any choices in the top box, this form must be completed and faxed to Attendance Services immediately after completion. All campuses must keep original forms separately from the Student Permanent Record for audit purposes during the year.

Name and phone number of a School Contact Person who may know of the family's situation:

Title: _____ Date faxed: _____

Student Residency Questionnaire**PRINCIPAL OR DESIGNEE**

Upon registration of child/youth meeting one or more of the above:

- ☐ Enroll the child/youth immediately; determine if special transportation is needed
 - ☐ Within 24 hours, fax the front of this form to Student Services so that all Divisions may be notified
 - ☐ Within 24 hours, assist the child/youth in the process to obtain necessary records
 - ☐ Refer to Family Resource Center or Youth Services Center in the school for needed assistance, when appropriate
 - ☐ Determine the child/youth's need for school supplies/clothing/ medical/dental attention and or other items that might impact that child's ability to learn.
 - ☐ ~~Refer to School Based Health Center, if physical and/or immunization records are not available~~
 - ☐ Contact previous school or district of last attendance for relevant records
 - ☐ Begin a cumulative folder
 - ☐ Assure the child/youth is placed in the appropriate programs and services are being provided to the children of Boone County and in compliance with local, state, federal policies, regulations and statutes
 - ☐ Make school placement determinations on the basis of the "best interest" of the homeless child/youth
 - ☐ Continue child/youth's education in the school of origin
 - For the duration of homelessness
 - For the remainder of the academic year even if child/youth obtains permanent housing during academic year
- OR**
- Enroll child/youth in school in the attendance area in which child/youth is actually living or eligible to attend
 - Send Homeless Transportation Card to District 4 transportation department to arrange for bus transportation

Upon withdrawal

- ☐ ~~Issue an Educational Passport~~
- ☐ Prepare relevant records to be sent to new school

Principal: _____

Date: _____

Health Requirements and Services

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

SCREENING TESTS

~~Physical assessments of students shall be conducted as follows:~~

GROWTH & DEVELOPMENT	PROVIDED BY
Preschool	School Nurse
Kindergarten	School Nurse & Staff Support
Grade 1	School Nurse & Staff Support
Grade 2	School Nurse & Staff Support
Grade 3	School Nurse & Staff Support
Grade 4	School Nurse & Staff Support
Grade 5	School Nurse & Staff Support
Grade 6	School Nurse & Staff Support
Referrals and those with known problems	School Nurse & Staff Support
VISION	PROVIDED BY
Preschool	Lyon's Club Volunteers/Nurse
Kindergarten	Lyon's Club Volunteers/Nurse
	Lyon's Club Volunteers/Nurse
Grade 2	Lyon's Club Volunteers/Nurse
Grade 4	Lyon's Club Volunteers/Nurse
Grade 6	
Grade 8	Lyon's Club Volunteers/Nurse
Referrals and those with known problems	Lyon's Club Volunteers/Nurse
	Lyon's Club Volunteers/Nurse
HEARING	PROVIDED BY
Kindergarten	Speech Therapist
Grade 1	Speech Therapist
Grade 2	Speech Therapist
Grade 3	Speech Therapist
Special Education, new students, and referrals	Speech Therapist
DENTAL	PROVIDED BY
Pre-school	Doctor or Dental Hygienist
Kindergarten	Doctor or Dental Hygienist

ABNORMALITIES REPORTED

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

Health Requirements and Services

HEALTH SERVICES REFERENCE GUIDE

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

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

HEALTH RECORDS

Cumulative health records shall be initiated and maintained **in an area designated by the Principal** or maintained electronically in the student information system.

RELATED POLICIES:

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

RELATED PROCEDURES:

09.224 and 09.2241 procedures

Medication Administration Procedures

INTRODUCTION

The goal for the use of medication in school is to assist all students to participate at their fullest independent capacity. Policies and procedures developed to implement the handling, monitoring and assisting with medication will comply with each school's effort to ensure a safe, secure and orderly school environment and with Boone County Board of Education policies. Some families have chosen natural and homeopathic remedies, including herbal and dietary supplements, over traditional FDA-approved medications. The use of these prescribed remedies must follow all school policies and procedures for use at school.

PROCEDURES

1. Parents/guardians and health care providers shall complete a 'Medication Administration Consent Form' ~~which includes~~ ~~and/or~~ 'Prescription Form for Self-Medication of Prescribed Medication' before any person administered prescribed medication to a student or before a student self-medicates. Notes and phone calls will not be accepted. Consent Forms are to be kept in the binder with the Medication Assistance Records (MAR) ~~or scanned into Infinite Campus~~. The first dose of any new medication should be given at home and not at school.
2. Any change in prescribed medication, dosage, route or frequency requires a new authorization/consent form signed by the doctor and parent and a new prescription bottle/label from the pharmacy indicating the change. The health care provider may fax the requested medication change on letterhead or a prescription pad to the school office and this written change may be attached to the original medication administration consent form until a new authorization/consent form is completed by the doctor/parent. We are unable to accept verbal dosage changes for prescription medicines and prescribed dietary supplements from parents/guardians.
3. Medicines will be stored in a locked cabinet or drawer. Students will not have access to this area. Emergency medicines and medications approved for students to carry may be exempted from this requirement based on the individual student's needs as assessed by a school nurse. School staff will accept no more than a one week supply of prescribed medicine unless otherwise approved by the Principal or designee. In accordance with board policy #09.2241 a student may be permitted to carry a medication for individual use only if ordered, in writing, to do so by his or her health care provider. Medication requiring refrigeration shall be kept in a locked container that can be stored with food in a supervised area or a separate refrigerator.

Medication Administration Procedures**PROCEDURES (CONTINUED)**

4. Aspirin, narcotic pain relievers, (i.e. Percocet, Vicodin, Codeine, Demerol, Morphine, etc.) and benzodiazepine tranquilizers (i.e. Valium, [DiaStat](#), Xanax, Ativan, etc.) will not be routinely accepted by school personnel. Parents/guardians requesting that these medicines be given to their child at school must be referred to the nursing staff for individual evaluation of the student's health condition. Additional documentation from the child's health care provider may be requested. Because of health safety concerns due to the correlation between aspirin administration and Reyes' Syndrome in children and teenagers recovering from chickenpox or flu-like symptoms, if an aspirin-containing medication such as Excedrin, Pepto-Bismol, Alka-Seltzer, Kaopectate, Pamprin, etc. (or their generic forms) is requested to be administered at school, a doctor's order/signature is required in addition to the parent's signature on the Medication Administration Consent form. Additionally, the student's temperature is to be taken and documented prior to administering. Do not administer the medication and notify the parent/guardian if the student has a temp greater than 99 degrees or has any of the health conditions noted above.
5. Parents are to make every effort to give doses of prescribed medication at home if ordered to be given once, twice or three times a day. If a mid-day dose is required this is to be noted on the 'Medication Administration Consent Form' that is completed and signed by the parent/guardian and physician. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival. Prescribed oral medications in pill/tablet/capsule form shall be counted and the number recorded on the Medication Administration Record.
- ~~5.6.~~ Field trip medication administration: Prescribed medications (prescriptions, herbal, and dietary supplements alike) ordered by a Physician and non-prescription over-the-counter medications which are essential for the student to take during and/or after school hours while attending a school-sponsored event/field trip shall be given according to the instructions noted on the Medication Administration Consent form. Medicines administered on field trips are to be documented immediately on the student's MAR by the person administering the medication, then documented into Infinite Campus. School personnel accompanying students on field trips who require routine or emergency medication shall be trained in the administration of those medications in the event that the student is unable to self-administer their medications.
- ~~6.7.~~ Prescription medication must have a pharmacy label affixed that includes the child's name, date dispensed, name of the medication, dosage, strength, expiration date, and directions for use including frequency, route of administration, time interval of the dose, prescriber's name, and pharmacy name, address and phone number.
- ~~7.8.~~ Prescribed herbal/dietary supplements and non-prescription over the counter medication must be in the original container and marked with the student's name. In addition to the completed 'Consent' form, the prescribing physician for an herbal/dietary supplement is requested to prepare a letter which includes the follow:
 - a. confirmation that the herbal/dietary supplement is safe for the child to take;
 - b. documentation that the herbal/dietary supplement must be administered during the school day; and

Medication Administration Procedures**PROCEDURES (CONTINUED)**

- c. instructions on how and when the herbal/dietary supplement must be administered at school.
- ~~8.9.~~ A student's medicine (with the exception of topical preparations for emergency First Aid use) must be provided by the parent/guardian. No stock medications such as Tylenol, Mylanta, cough drops etc. will be kept at school for the purpose of administering to students.
- ~~9.10.~~ If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and the medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.
- ~~10.11.~~ School personnel authorized to give medications must be trained in accordance with KRS 158.838, KRS 156.502 and 702 KAR 1:160. Guidelines for diabetes medication administration under 702 KAR 1:160 no longer apply to training of non-licensed school personnel. These trainings are only good for the current school year and must be completed annually. Medication administration to students cannot be delegated to parent or community volunteers (exception: a parent administering medicine to his or her own child).
- ~~11.12.~~ Non-prescription (over the counter) medications may be accepted on an individual basis as provided by the parent/guardian when a completed 'Medication Administration Consent Form' form is submitted. The medication should be in the original container, dated upon receipt, and given no more than 3 consecutive days without an order from the physician/health care provider. Medications shall not be administered beyond its expiration date.
- ~~12.13.~~ Medication is not to be released to students to take home on the bus. The parent/guardian will be notified of any unused medication remaining at school and is responsible for retrieving this. Medication not picked up by the end of the school year may be discarded by mixing with glue (for pills) and kitty litter (for liquids) and placed in a trash receptacle or destroyed in accordance with current health care standards. Prescription medication not retrieved is to be counted, with a witness present, and discarded as above. Document this on the student's MAR, including the witness' signatures.
- ~~13.14.~~ 911 and the student's parent/guardian are to be called after the administration of any emergency medications (injectable epinephrine such as an EpiPen or Auvi-Q, [Glucagone](#), [DiaStat](#) ~~FDA approved seizure rescue medication~~, Versed and Clonazepam for prolonged seizures). The student may be taken home, at the parent/guardian's discretion, if they communicate this to EMS and arrive at school to accept responsibility for the student prior to EMS decision to transport to the hospital.

Medication Administration Procedures

PROCEDURES (CONTINUED)

- ~~14.~~15. Except for medications approved for self-administration, the administration of any medication to a student must be supervised by an authorized individual and documented on the medication log. Documentation of all medicines is to be in the following format:
- Medication administration at or during school hours is to be immediately documented in Infinite Campus or on the Boone County Medication Assistance Record (MAR) in black or blue ink only: no pencil. No white-out or other means of covering data entered is to be used; draw a single line through the error, note "Void" and initial.
 - Each entry must be complete with the student's first and last name, grade, sex, classroom teacher when medication is due, health care provider and emergency contact information and the name of the medication with the dosage and time it is to be given. The dosage must be specified (i.e. 5 mg. not 1 pill).
 - Each record is an annual (whole school year) log with separate pages for daily and 'as needed' (PRN) medicines and scan to electronic filing – Infinite Campus.
 - The original medication administration log is to be placed in the student's file as a permanent part of the student's file.
 - Daily medications are to be given within 30 minutes before or after the stated dose time. Document immediately that the dose has been given with the time the medication was administered and the initials of the person administering the medication; initial and sign the MAR in the bottom left corner.
 - PRN medications are given 'as needed'. Examples include rescue inhalers for students with asthma, Tylenol, EpiPens, Glucagon, and DiaStat ~~FDA approved seizure rescue medications~~. After administering, document immediately the time given and initial.
 - ~~Utilize the 'Key' to document medicine that is missed due to student absence or not given due to school not being in session.~~
 - ~~If a medicine is discontinued, write D/C and draw a line horizontally through the remaining weeks.~~
 - ~~If a medicine is started after the first of the month, draw a line horizontally through the spaces prior to the first dose.~~
 - ~~If a medicine dose is changed, discontinue the medicine as in 'H' above and make a new MAR with the new dose starting on the appropriate date as in 'I' above.~~

Medication Administration Procedures**PROCEDURES (CONTINUED)**

~~15.~~16. Medication errors: If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the First Aid Room. If the student has already returned to class when the error is recognized, have the student accompanied to the First Aid Room.
2. Complete a 'Medication Administration Incident Report' form.
 - a. Assess and document the student's status
 - b. Identify the incorrect dose/type of medication taken by the student.
 - c. Immediately notify the school administrator and school nurse of the error, who will notify the parent/guardian.
 - d. Notify the student's physician/health care provider as appropriate.
 - e. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
 - f. Record in detail all circumstances and actions taken, including instructions from the Poison control Center or physician/health care provider, along with the student's status [in Infinite Campus](#).

~~16.~~17. To safely accommodate physician-ordered titrating doses that are different than the dose written on the prescription bottle, the following conditions would need to be met prior to making that accommodation:

- A Medication Consent Form would be completed and signed by both parent and healthcare provider for each specific dose adjustment. (For example, if the dose request was for one pill at noon for one week, increasing to two pills at noon for the following week to reach the desired dose of 3 pills at noon daily thereafter. we would need a new consent for completed and signed for each of those dose adjustments);
- A new MAR would be completed for each dose change [in Infinite Campus](#); this way the dose on the current MAR will match the current Medication Administration Consent form [in Infinite Campus](#);
- A small tab (like a small post-it note) with the current dose (as noted on the Consent Form and MAR) would be completed by the nurse noting current dose due to titration. This would be affixed to the bottle in such a way that all other info on the pharmacy label would still be visible.
- When the dosage has been titrated, the prescription bottle label would be updated to reflect the current dose, matching with the consent form.

Please contact a member of the nursing staff if you have any questions regarding administering medication at school, the procedures outlined above, if you need clarification on an order or if you are unfamiliar with a medicine.

All forms pertaining to assisting with medication at school as well as these guidelines will be reviewed as needed by the nursing staff. All suggestions regarding revisions should be directed to the school district health coordinator. Any revisions to the above will be in accordance with current education and nursing laws and will reflect safe school nursing practice.

Medication Administration Procedures

REFERENCES

American Academy of Pediatrics (School Health Policy and Practice) 5th Ed. 1993
National Association of School Nurses. Position Statement, Administration of Medication in the School Setting.
Medication Administration Training Manual for Non-Licensed School Personnel; Kentucky Department of Education, March 2011

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21
09.2241 AP.22

STUDENTS

09.2241 AP.21

Consent Form for Assisting with Medication at School

Dear Parents:

Prescribed medications (prescription, herbal and dietary supplements alike) ordered by a physician and non-prescription over the counter medications which are essential for the student to remain in school shall be given according to the instructions written below. Parents are to make every effort to give doses of prescribed medication at home if ordered to be given once, twice, or three times a day; if a mid-day dose is required, this information should be included below. All prescribed and non-prescription medications shall be kept in the school office. Prescription medication must have a pharmacy label affixed that included the child's name; herbal/dietary supplements, and non-prescription over the counter medications must be in the original container and marked with the student's name. No more than one (1) week's supply is to be sent at a time. Aspirin and medications containing narcotics or sedation for pain relief will not be administered at school for the child's safety. This form may be faxed to the school office by your doctor.

Student's Name: _____ Grade: _____

Name of medication: _____ Diagnosis/Condition: _____

Dose (specify amount in mg or ml) _____ Time to be administered _____

Route _____

Please note any potential reactions or side effects the child might have to the medication _____

I request trained District employees to administer or supervise the administration of this medication in accordance with District Medication Administration Guidelines. I release the District and any of its employees (hereinafter the "District") from any liability or harm which is suffered by _____ as a result of our District's agreement to honor this request. I further agree to indemnify and hold the District harmless from any legal action or other attempts to acquire compensation, including damages and legal and medical fees, from the District whenever the District has acted in accordance with the information provided by my child's physician.

Parent Signature _____ Parent's Phone Number _____ Date _____

Physician Name _____ Date _____

Physician Signature (required for prescribed medications) _____ Date _____

Physician Address _____ Phone Number _____

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

STUDENT
PICTURE
HERE

09.2241 AP.22

STUDENTS

Student Medication Logs**MEDICATION ASSISTANCE RECORD**

School: _____

School Year: _____

Name of Student: _____ Date of Birth: _____ Sex: _____ Grade: _____

Name and Dosage of Medication: _____ Allergies: _____

Route: _____ Times given at School: _____ Classroom Teacher when medication is due: _____

Health Care Provider Name/Phone #s: _____ Emergency Contact Names/Phone #s: _____

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

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

Authorized Person(s) administering or counting
medication _____ Signature/Initials

_____	/
_____	/
_____	/
_____	/
_____	/
_____	/
_____	/

Documentation Codes:

(A) Absent	(O) No show	(W) Dosage withheld*	(E) Early Dismissal
(F) Field Trip	(X) No school	(N) No medication available*	(S) Self-administered

*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason.

Documentation of medication count is on the back of this Medication Administration Record.

Medication Assistance Record**WEEKLY MEDICATION COUNT**

Student Name _____

Medication being counted _____ Dose _____

Medication Count: Two (2) witness signatures required: Authorized School Personnel or Parent/Guardian or licensed nurse.

Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____

Medication Assistance Record**WEEKLY MEDICATION COUNT**

Student Name _____

Medication being counted _____ Dose _____

Medication Count: Two (2) witness signatures required: Authorized School Personnel or Parent/Guardian or licensed nurse.

Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____
Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____	Date: ____ # Present ____ #1 _____ #2 _____

~~STUDENTS~~

~~09.2241 AP.22~~

~~MEDICATION ASSISTANCE RECORD~~

School: _____

School Year: _____

Name of Student: _____ **Date of Birth:** _____ **Sex:** _____ **Grade:** _____

Name and Dosage of Medication: _____ **Allergies:** _____

Route: _____ **Times given at School:** _____ **Classroom Teacher when medication is due:** _____

Health Care Provider Name/Phone #s: _____ **Emergency Contact Names/Phone #s:** _____

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

[illegible]

Authorized Person(s) administering or counting medication _____ **Signature/Initials** _____

[illegible]

Documentation Codes:

(A) Absent (0) No show (W) Dosage withheld* (E) Early Dismissal
(F) Field Trip (X) No school (N) No medication available* (S) Self-administered

~~*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason.~~

~~Documentation of medication count is on the back of this Medication Administration Record.~~

STUDENTS

09.2241 AP.23

Medication Assistance Incident Report

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 _____	
Grade _____	School Name _____		

Formatted Table

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

Name of person administering medication: _____

Name of medication/dosage/route prescribed: _____

Time(s) to be given: _____

Type of medication error: (check all that apply)

- ☐ Medication administered to incorrect student
 ☐ Medication administered at incorrect time
☐ Incorrect dosage of medication administered
 ☐ Incorrect medication administered
☐ Incorrect documentation provided
 ☐ Other

Description of error: _____

Date and time of error: _____ ☐ AM ☐ PM

Dosage given: _____

Describe circumstances leading to error: _____

Explain action taken: _____

Reaction(s): _____

Persons notified of error: ☐ School Principal ☐ School nurse ☐ Physician, if appropriate☐ Poison Control Center ☐ Parent/Guardian☐ Other, _____

*Signature of Person Completing the Report**Date*

School-Related Student Trips**TEACHERS' RESPONSIBILITIES**

1. ~~Field trips shall be related to the course of study and have educational value.~~
2. ~~Teacher(s) shall complete a School-Related Trip Request Form (09.36 AP.21) and submit to the Principal for approval.~~
3. ~~Prior to the trip, the teacher(s) shall prepare the students by:~~
 - a. ~~Explaining the purpose of the trip.~~
 - b. ~~Developing background and reference materials, including materials to be used on the trip, if applicable.~~
 - c. ~~Pointing out highlights to observe on the trip.~~
 - d. ~~Instructing students to observe safety precautions while on the bus and while at the field trip destination.~~
4. ~~Students shall not be denied the trip because of an inability to pay.~~
5. ~~The teacher(s) shall secure prior written permission for the trip and a medical release (09.36 AP.211) from each student's parent(s) or guardian.~~
6. ~~Prior to the trip, a list of students taking the trip shall be provided to the Principal, bus driver, if applicable, school's Food Service staff, if applicable, and School Nurse, if applicable.~~

TRANSPORTATION

~~Transportation requests shall be made by the teacher by completing a **Field Trip Request Form** (09.36 AP.212).~~

~~Discipline on the bus shall be the responsibility of the teacher or administrator in charge. Drivers are responsible for enforcement of bus rules and regulations. The sponsoring group will be charged for extra cleaning time if the bus is left in exceptionally dirty condition after the trip.~~

~~No items may be transported on a school bus that are not secure in underframe storage or empty seats (i.e., lunches, cooler, sporting equipment). Aisles must be kept clear.~~

EVALUATION

~~Following a field trip, the teacher(s) shall complete the School-Related Student Trip Evaluation Form (09.36 AP.23).~~

RELATED PROCEDURES:

- 09.2241 (all procedures)
- 09.36 (all procedures)

STUDENTS

09.36 AP.21

Field Trip Request Form

Name of School _____

Date of Field Trip _____

Days of School Missed _____

Location of Field Trip _____

Grade Level and Number of Students Attending _____

Number of Chaperones Attending _____

What form of transportation will be used?* Be Specific _____

Have field trip rules been explained to the students and chaperones? ☐ Yes ☐ NoAre there students being denied the right to attend due to finances? ☐ Yes ☐ NoDoes this trip comply with Title IX equity issues? ☐ Yes ☐ No

Brief Description (Be specific regarding educational purpose) _____

Please check the appropriate box below:

☐ To be used for one (1) day trips using school bus or private automobile.***NEEDS PRINCIPAL APPROVAL ONLY** Please send all forms to District Office?☐ To be used for overnight trips, trips of more than one (1) instructional day and cocurricular/ extracurricular trips.**TO BE APPROVED BY THE ASSISTANT SUPERINTENDENT.**☐ To be used for trips taken by common carrier.**TO BE APPROVED BY THE BOARD OF EDUCATION.**

NOTE: FOR BOARD APPROVAL, THIS REQUEST SHOULD BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE BY NOON AT LEAST ELEVEN (11) WORKING DAYS PRIOR TO THE NEXT BOARD MEETING.

Signature of Sponsor _____ Date __________
Signature of Principal _____ Date Approved _____**DISTRICT OFFICE USE ONLY**

Approved by _____ Date _____

*Drivers of private automobiles need to complete the Auto Insurance Affidavit Form.

RELATED PROCEDURES:

09.36 AP.1; 09.36 AP.211, 09.36 AP.212

Formatted: Space After: 0 pt

STUDENTS _____

09.36 AP.212

Special Service Request for Trips

Request for Transportation for _____ School _____

Date _____ Date of Trip _____

Address of Destination (Street & City) _____

Building (if known) _____

Loading Time at School _____ ☐ AM ☐ PMTime of Departure from School _____ ☐ AM ☐ PMLoading Time from Event _____ ☐ AM ☐ PMApproximate Time of Return to School _____ ☐ AM ☐ PM

Number of Students _____ Number of Chaperones _____

Total Number of Passengers _____ Number of Buses Required _____

Name of Sponsor _____

Is this a Kindergarten or Preschool? _____ ☐ Yes ☐ No**Required Information**Is this a drop off/pick up _____ ☐ Yes ☐ No _____ If yes, please include details below:_____

Trip Authorized By _____ Principal _____

Remarks: Provide driving and parking instructions _____

_____Does driver need any of the following: _____ ☐ Lunch ☐ Room ☐ Ticket**Transportation Confirmation**

of buses for trip _____ Buses must return to school by _____

- ~~Bus request must be in the transportation office ten (10) working days before the trip.~~
- ~~Drivers, sponsors and chaperones on trips must adhere to time schedule.~~
- ~~A faculty or administration staff member shall accompany students on the bus for all school-sponsored trips.~~
- ~~There shall be no eating or drinking on the school bus.~~
- ~~Objects that would likely block the aisle or exits in case of collision are not permitted.~~

Confirmed by _____ Date _____

RELATED PROCEDURES:

09.36 AP.1

09.36 AP.21

09.36 AP.211

Notification to Parent of Detention/Saturday School

Dear Parent:

Your child, _____ has been assigned to Saturday alternative Suspension on Saturday, _____, beginning at 8:30 a.m. and ending at 11:30 a.m. for the following reason(s):

Students assigned to Saturday Alternative Suspension will report to school at 8:30 a.m. **Parents must pick up students promptly at 11:30 a.m.** Students are expected to be actively involved with their class work for the duration of the Saturday suspension.

If a student does not attend the Saturday Alternative Suspension Program, it will be the parent's responsibility to notify the school's administrator on Monday following the Saturday Alternative Suspension Program and state the reason for their child's absence. If the student's absence is valid, a reassignment to the Saturday Alternative Suspension Program can be made. If parents do not carry out this responsibility on Monday, the student will receive **an automatic one (1) day out of school suspension or what is deemed appropriate by the school administrator.**

Students will not be allowed to enter the Saturday Alternative Suspension Program unless they have homework assignments and textbooks. Magazines and other books are not acceptable unless the student has written permission from their teacher.

If weather conditions prevent your child from attending the Saturday Alternative Suspension Program, (considered a valid excuse for their absence) the next [scheduled Saturday](#) will be assigned as a make-up day. Please use good judgment regarding what is inclement weather.

Parents must accompany their child into the school building and sign the monitor's roster form. DO NOT DROP STUDENT OFF.

If your child has any health problems that the school needs to be aware of, please contact the school and let us know about these concerns [prior to the scheduled Saturday](#).

Sincerely,

Home Phone: _____

Emergency Phone: _____

Principal/Assistant Principal

Notification to Parent of Detention/Saturday School

Dear Parent:

Your child, _____ has been assigned to Saturday alternative Suspension on Saturday, _____, beginning at 8:00 a.m. and ending at 12:00 noon for the following reason(s):

Students assigned to Saturday Alternative Suspension will report to school at 7:55 a.m. **Parents must pick up students promptly at 12:00 Noon.** Students are expected to be actively involved with their class work for the duration of the Saturday suspension.

If a student does not attend the Saturday Alternative Suspension Program, it will be the parent's responsibility to notify the school's administrator on Monday following the Saturday Alternative Suspension Program and state the reason for their child's absence. If the student's absence is valid, a reassignment to the Saturday Alternative Suspension Program can be made. If parents do not carry out this responsibility on Monday, the student will receive **an automatic one (1) day out of school suspension or what is deemed appropriate by the school administrator.**

Students will not be allowed to enter the Saturday Alternative Suspension Program unless they have homework assignments and textbooks. Magazines and other books are not acceptable unless the student has written permission from their teacher.

If weather conditions prevent your child from attending the Saturday Alternative Suspension Program, (considered a valid excuse for their absence) the next [scheduled Saturday](#) will be assigned as a make-up day.

Parents must accompany their child into the school building and sign the monitor's roster form. DO NOT DROP STUDENT OFF.

If your child has any health problems that the school needs to be aware of, please contact the school and let us know about these concerns [prior to the Saturday assigned](#).

Sincerely,

Home Phone: _____

Emergency Phone: _____

Principal/Assistant Principal

Student Expulsions**STUDENT HEARING**

The DPP, upon notification by the Principal that a student has been suspended for a ~~Tier III~~~~Level IV~~ Offense as outlined in the **Student Code of Conduct**, notifies the parent/guardian in writing of the time, date and location of the ~~Tier III~~~~Level IV~~ disciplinary hearing.

EXPULSION NOTICE

The Superintendent/designee, following the meeting of the Board to expel a student, shall notify the parent/guardian in writing of the decision of the Board and the effective dates of the expulsion.

Search and Seizure Process/Metal Detectors

Consistent with the provisions in policy 09.436, school administrators may authorize the use of mobile, hand-held metal detectors for weapons searches as follows:

- Search all students entering the premises;
- Search students on a random basis, provided a non-discriminatory, random selection process is used; or
- Search an individual student when there is reasonable suspicion to believe the student is concealing a weapon.

School administrators shall use the following procedures when conducting metal detector searches of students in school or on school property:

- School administrators shall be trained in the use of the metal detector equipment to be used.;
- Searches shall be reasonable in scope and duration, shall not be excessively intrusive, and shall be conducted in a uniform manner;
- Prior to the beginning of the search, students will be asked to remove all metal objects from their pockets;
- If a metal detector is activated during the initial search of a student, the search may be repeated;
- If the student continues to activate the device, a pat-down search may be conducted;
- Any search of a student's person as the result of the activation of the detector will be conducted in private by a person of the same sex as the student and will be limited to a search for weapons;
- A witness, preferably of the same sex as the students, shall be present when a personal search is conducted.;
- All searches shall terminate after the item that activated the device has been located; and
- Students and parents shall be notified [in writing](#) that metal detectors may be used in schools and on school property for the purposes of detecting weapons and deterring individuals from bringing weapons into schools.

Public Records Notice

To be posted on the Human Resources website under open records.

RULES/REGULATIONS FOR INSPECTION

Pursuant to KRS 61.870 to KRS 61.884, the public is notified that, as provided herein, the public records of the Boone County Board of Education are open for inspection.

Public records may be inspected Monday through Friday, except holidays, during regular working hours as posted at the main entrance of the Central Office and of each school building. Upon request, a designated district employee will furnish application forms for the inspection of the public records and, if required, s/he will be available to provide assistance in completing the application form. The official custodian may require:

- a) Written application, signed by the applicant and with his/her name printed legibly on the application, describing the records to be inspected. The written application shall be hand delivered, mailed, or sent via facsimile to the public agency;
- b) Facsimile transmission of the written application; or
- c) Email of the application.

Completed application forms should be submitted to the Board's official custodian of public records, at the following address:

Boone County Board of Education
[Human Resource Department](#)
8330 U.S. Hwy. 42
Florence, KY 41042

Formatted: ksba normal

An individual who applies to review public records shall be advised of the availability of the records requested and shall be notified in writing, not later than three (3) working days after receipt of an application for inspection, of any reason the records s/he requested are not available for public inspection.

Copies of written materials in the public records of this district shall be furnished to the person requesting them on payment of a fee of ten cents (.10) per page. Copies of nonwritten records (photographs, maps, material stored in computer files or libraries, etc.) shall be furnished to the person requesting them upon payment of a fee equal to the actual cost of producing copies of the requested records by the most economical process that is unlikely to damage or alter the records.

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used, and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

Persons who live outside the area and who wish to request copies of public records should contact the [Director of Human Resources](#) ~~person listed above.~~