

Homeless Youth and Foster Children Attendance Zones

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.

Review/Revised:11/15/2016

ESSA Transfer Notification Options

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

Dear Parent/Guardian,

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

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school that has not been identified as being persistently dangerous. Your child would be entitled to free transportation services.

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

☐ The following are schools available to accept transfers: _____

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ at _____ to request

Contact

Telephone #

a transfer. Failure to meet this deadline will result in loss of your option to request a transfer.

You will be notified of the school assignment.

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

Sincerely, _____

Principal/designee

TO: _____ <div style="text-align: center;"><i>Parent's Name</i></div>	FROM: _____ <div style="text-align: center;"><i>School Name</i></div>	
DATE: _____	RE: _____ <div style="text-align: center;"><i>Student's Name</i></div>	GRADE: _____

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Home Schooling Notification

Please return the completed form to the Director of Pupil Personnel at the District's Central Office.

This letter is to inform you that my child/children will be participating in a home schooling program. The beginning date for participation in this program will be _____.

Month Day Year

Following is the home school address and the names and ages of the students who will be participating:

STUDENTS' NAME(S) AND DATE OF BIRTH:

CURRENT SCHOOL:

HOME SCHOOL ADDRESS:

Name

Street

State

ZIP Code

I have received from the Director of Pupil Personnel (DPP)/designee a copy of the "Home School Information Packet and Best Practice Document" and other supplemental material provided by the District. The DPP/designee offered to meet with me and explain the legal requirements that apply to home schools. It is further acknowledged that this notice of intent to provide home schooling shall be binding from the effective date stated above and shall remain in full force for no longer than to the end of the current or upcoming school year, whichever is first. This notice may be dissolved upon enrollment or re-enrollment of the above named child(ren) in a school in the District or any other public or private school. At such time a home-schooled child re-enrolls in the District, it is understood that certified personnel of the school system shall either place the student according to successful performance in courses that are sequential such as English, math, history, and science or conduct tests similar in nature and content to that used for other students receiving credit in that subject. Once assessment of the child's educational development is completed, a final determination of grade placement will be made. [KRS 158.140, 704 KAR 003:307](#)

_____ and/or _____
Signature of Father/Legal Guardian

Signature of Mother/Legal Guardian

Telephone (Home and Work)

Telephone (Home and Work)

Address (if different than student's)

Address (if different than student's)

City, State, Zip

City, State, ZIP

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, 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:

- 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](#)
- 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](#)

A current immunization certificate shall be required for home-schooled students prior to attending one (1) or more in-school classes or participating in sports or other school-sponsored extra-curricular activities.

Review/Revised:6/19/2018

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

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

- Adoption record
 - Affidavit of identity and age
 - Any government document or court record reflecting the date of the student's birth
 - 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.

Review/Revised:6/19/2018

Out of District Application

Date: _____ Student Social Security Number: _____

Name of Student: _____

Grade Entering: _____ For School Year: _____

Phone Number: _____ Student Date of Birth: _____

Name of Parent or Legal Guardian(s): _____

Address _____

*Street**City**State**Zip Code***Did student attend Gallatin County Schools last school year? ☐ Yes ☐ No**

(If the student has attended another school other than Gallatin County a copy of the academic, attendance, and disciplinary records will need to be submitted with this application for review prior to potential approval from the Board of Education.) **Select “no” if a Kindergarten student.

Reasons(s) for wanting to attend the Gallatin County School District:_____

**Be advised an Out-of-District student may not be admitted or can be asked to leave the District if s/he fails to meet the stipulations in Board policy dealing with Out-of-District Students. Excessive poor attendance or disciplinary issues are not acceptable.

FOR ADMINISTRATIVE USE ONLY**Date of Board Meeting:** _____**Order Number:** _____**Approved ☐****Denied ☐**_____
*Board Chairperson Signature*_____
*Date*_____
*Superintendent Signature*_____
Date

Review/Revised:6/22/09

Nonresident Student Admissions**NONRESIDENT TRANSFERS**

Those nonresident pupils requesting enrollment in a school in this District for the first time shall follow these procedures:

1. Complete the school's registration forms, which must be signed by the parent(s).
2. Parent(s) and pupil then make an appointment with the Principal for a review of the application and the pupil's school records. The pupil shall bring the following documents from the last school attended to this meeting:
 - ☐ Report card and other academic information including the entire cumulative folder from the student's former school, if the student has the folder in his/her possession.
 - ☐ Statement of student's attendance.
 - ☐ Student's physical examination and immunization records.
3. Nonresident pupils will only be admitted when they can be assigned to classes where the enrollment is below the allowable maximum.
4. A student expelled from his/her previous school during the last school year need not apply for admission.
5. When the number of nonresident students must be limited, the following priorities will be observed:
 - Those nonresident students attending school in this District last year will have priority over new applicants.
 - Siblings of nonresident students already attending school in the District shall have priority over new applicants who do not have siblings currently enrolled.
 - Students of District employees will have priority over new applicants.
 - When priorities are equal, the date of application will be the determining factor for admittance.
6. Nonresident pupils may be admitted to the District's schools in accordance with Board policy.
7. The decision of the Principal in granting admission of nonresident pupils may be appealed to the Superintendent. If the decision of the Superintendent is not satisfactory, an appeal may be made to the Board. The decision of the Board shall be final.

Review/Revised:6/22/09

Notice of Expulsion/Conviction

In compliance with the Board policy requirements explained below, I swear or affirm that I am the parent/legal guardian of _____, who was expelled and/or

Student's Name

adjudicated guilty/convicted as noted below.

Date Enrollment Requested: _____

Board policy requires that parents, guardians, Principal, or other persons or agencies responsible for a child complete the following section for a student who has previously been expelled from a public or private school in this or another state or who has been adjudicated guilty/convicted of crimes. This form must be sent to the receiving school within five (5) working days of the time when the student requests enrollment in the new school.

Check the reason(s) that apply:

- | | |
|---|--|
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Violation of Law Relating to Alcohol |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Violation of Law Relating to Drugs |
| <input type="checkbox"/> Sex offense | <input type="checkbox"/> Violation of School Regulation Relating to Alcohol |
| <input type="checkbox"/> Violation of Law Relating to Weapons | <input type="checkbox"/> Violation of School Regulation Relating to Drugs |
| <input type="checkbox"/> Violation of School Regulation Relating to Weapons | <input type="checkbox"/> Any violent offense that resulted in death or serious physical injury to victim |

My child was expelled from: _____ in _____

Name of School

City

County

State

The facts of any expulsion or adjudication/conviction are as follows (attach separate sheet if needed): _____

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete.

Parent/Guardian's Signature

Date

Witness's Signature

Date

Review/Revised:6/22/09

Entrance Age

Entrance requirements related to age and health status of a student are as follows:

- *Proof of Age and Identity* - Each pupil entering any elementary or secondary school for the first time shall present evidence of age by means of a birth certificate or other reliable proof of the student's identity and age. If a birth certificate is not presented, an affidavit of the inability to produce a copy of the birth certificate must be given.
- *Proof of Immunization* - Upon enrollment, each pupil entering kindergarten or first grade for the first time shall present evidence of immunization by means of a certificate issued by a licensed physician or an APRN.
- *Preventive Student Health Care, Vision, and Dental Examinations* – Within one (1) year prior to initial entry to school, each student shall undergo a preventive student health care examination, which shall be documented on the state-required form or an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination form. A preventive student health care examination may also be required for students entering pre-school.

Also upon enrollment, each student entering the first year of public school, public pre-school or Head Start must undergo a vision examination as required by applicable statute and regulation and provide the school with either the required form or electronic medical record by January 1 of the first year of enrollment. Evidence of a dental screening or examination shall be required to be submitted on the required form or electronic medical record by January 1 of the first year that a five- and six-year-old student is enrolled in the District.

The above requirements are not to serve as barriers to immediate enrollment of students designated as homeless or foster children as required by the Every Student Succeeds Act (ESSA) and the McKinney-Vento Act as amended by ESSA. The District shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain necessary enrollment documentation.

PRINCIPALS TO REPORT

Principals are to report to the Superintendent/designee the names of those children who do not present acceptable evidence of age and required immunizations and examinations.

FAILURE TO PROVIDE

Except for vision examination records and dental examination records as noted above, which are due by January 1 of the first year of enrollment, failure to provide the remaining required documentation within fifteen (15) calendar days after enrollment may constitute reason for appropriate action.

RELATED PROCEDURE:

09.12 AP.1

Review/Revised:11/15/2016

Request for 504 Shortened School Day

SCHOOL YEAR _____

This form shall be kept on file in the District for auditing purposes.
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Requesting Party: _____

Phone Number: _____

Submitted to Principal: _____

On this Date: _____

STUDENT DATA:

Name: _____ Age: _____ Disability: _____

School: _____

SECTION 504 CHAIRPERSON/SUPERINTENDENT'S DESIGNEE:

Name: _____ Other Job Title(s): _____

PERSON(S) TO MONITOR PLAN:

Name: _____ Title: _____

LENGTH OF SCHOOL DAY

1. What is the typical beginning and ending time for students in this school?

BEGINNING TIME: _____ ENDING TIME: _____

2. What are the beginning and ending times the 504 team has determined for this student?

BEGINNING TIME: _____ ENDING TIME: _____

3. Explain the reason(s) why this student requires a shortened school day:

4. Is this student returning to school after being in a Home/Hospital Instruction Program?

☐ Yes☐ No

If yes, please describe circumstances:

Request for 504 Shortened School Day

5. Identify steps the 504 Team will take to promote full attendance for this student in the future.

6. Has a shortened school day been requested for this student in previous school years?

☐ Yes ☐ No

If yes, list the previous school year(s): _____

7. Is there a signed physician statement? ☐ Yes ☐ No

IMPORTANT

The District shall maintain the following documentation for all shortened school days approved by the Board:

- Approval by the Board (Student confidentiality procedures must be followed when listing student information in Board minutes.);
- Minutes of the 504 Team meeting documenting the decision that a shortened school day is needed;
- A copy of the student's Section 504 Accommodation Plan documenting the shortened school day; and
- A copy of the physician statement of the supporting medical need.

Board Approved Request: ☐ Yes ☐ No Date: _____

Review/Revised:7/25/11

Student Entry and Exit Log

SCHOOL: _____	DATE _____
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STUDENTS WHO ARE LATE IN ARRIVING AT SCHOOL OR WHO ARE DEPARTING EARLY SHALL SIGN THIS LOG.

When recognized by the Principal/designee or by presenting verification of identity, the following persons may sign out students¹:

- **Custodial parent/guardian**
- **Noncustodial parent, unless the school has been provided with evidence that there is a state law or court order which provides instruction to the contrary**
- **Persons designated in writing by the custodial parent/guardian (must be an adult designee if an elementary student is involved)**
- **Persons designated by the Principal in the event of an emergency**
- **Persons with lawful authority to take custody of the student**

¹Those students who are not on record as being under the care or control of a parent/guardian may sign for their own dismissal.

NAME OF STUDENT	GRADE/ HOMEROOM	TIME OF SIGN-IN	TIME OF SIGN-OUT	REASON	SIGNATURE OF AUTHORIZED PERSON/ELIGIBLE STUDENT	INITIALS OF EMPLOYEE VERIFYING IDENTITY

DAILY LOG SHEETS SHALL BE KEPT ON FILE FOR TWO (2) FULL SCHOOL YEARS.

Review/Revised:7/19/2016

Tuition

The procedures cited below are to be followed in implementing the Board's tuition policy:

DISTRICTS EXCHANGE ADA

When nonresident students attend school within this District and the two (2) Boards enter into a written contract to educate "any and all" nonresident students, tuition shall not be charged.

NO EXCHANGE

Where nonresident students or out-of-state students attend a school within the District and the two (2) districts do not enter into a written contract to educate the nonresident/out-of-state students, the amount of tuition shall be set by the Board.

Tuition may be paid one-half on the opening day of school and the balance paid on the first day school opens in January.

These students shall be charged a fee based on a schedule established and reviewed annually by the Board.

Review/Revised:2/14/11

Tuition Agreement Form

STUDENT'S NAME _____

CURRENT ADDRESS: _____

SCHOOL YEAR: _____

SCHOOL: (*Check appropriate box*) ☐ Elementary ☐ Middle ☐ High School

Annual tuition for the student named above is \$ _____. One-half of tuition shall be paid on the opening day of school and the balance paid on the first day school opens in January

Payment may be made in person at the Central Office or mailed to:

**Superintendent
Gallatin County Board of Education
75 Boardwalk
Warsaw, KY 41095**

TO BE COMPLETED BY THE PARENT/GUARDIAN

Please submit completed form to the Central Office.

My signature below indicates agreement with the above terms.

(Parent's/Guardian's Signature)

(Date)

Review/Revised:2/14/11

Family Educational Rights and Privacy Act Definitions

Although this listing is not intended to take the place of the complete FERPA law and regulations, the following definitions shall apply when implementing Policy 09.14 and the procedures that follow.

EDUCATION RECORDS – Refers to records directly related to a student that are maintained by the District or by a party acting for the District.

A “record” shall include any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche. Student records shall include disciplinary records with regard to suspension and expulsion.

Staff should refer to federal regulations for examples of documents that are not considered education records.

PERSONALLY IDENTIFIABLE INFORMATION – Includes, but is not limited to, the following:

1. Student’s name;
2. Name of the student’s parent or other family member;
3. Address of the student or student’s family;
4. Any personal identifier, such as the student’s social security or student number;
5. Personal characteristics that would make the student’s identity easily traceable, including biometric records (measurable biological or behavioral characteristics that can be used for automated recognition of an individual, such as fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics, and handwriting); or
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

NOTE: Unless the parent/guardian or student who has reached age 18, requests in writing that the District not release information, the student’s name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

STUDENT - Except as otherwise specifically designated by law, “student” shall mean any individual who is or has been in attendance in the District and for whom the District maintains education records.

ATTENDANCE – District “attendance” includes, but is not limited to, attendance in person or by paper correspondence, videoconference, satellite, Internet, or other electronic information and telecommunication technologies for students who are not physically present in the classroom; and the period during which a person is working under a work-study program.

DISCLOSURE - Refers to permitting access to, or release or transfer of, personally identifiable information contained in a student’s education record to any party, except the party identified as the provider or creator of the record, by any means, including oral, written, or electronic.

Family Educational Rights and Privacy Act Definitions

EDUCATION PROGRAM - Programs principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education and adult education, and any program that is administered by an educational agency or institution.

EARLY CHILDHOOD EDUCATION PROGRAM - A Head Start program, a state licensed or regulated child care program, or a program that serves children from birth through age six (6) that addresses the children's cognitive, social, emotional and physical development and is a (a) state prekindergarten program; (b) a program authorized under the Individuals with Disabilities Education Act; or (c) a program operated by a local education agency.

REFERENCES:

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

Review/Revised:7/19/2016

Family Educational Rights and Privacy Act

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The District shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

2. Unless the parent or student who has reached age 18 requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters and institutions of higher education on the same basis as it is provided to the public.

3. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the school and in the Central Office. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of District receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the District's special education procedures for responding to such requests.

If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

Until any questions are resolved, no student record held by the District shall be discarded when the record is under an outstanding request to inspect or review.

4. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student. In compliance with FERPA, notice to the parent is not required when a court order directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

As noted in the District's annual FERPA notice, parent consent/notification is not required to release student records to another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

5. The District shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the District only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.
6. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.

Family Educational Rights and Privacy Act

7. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
 - a. Disclosures made to parents or eligible students,
 - b. Records released pursuant to written consent,
 - c. Access by school officials and others having a legitimate educational interest under FERPA,
 - d. Disclosure to a party with written consent from a parent or eligible student,
 - e. Disclosures of directory information, or
 - f. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. A challenge to the records may take the form of an informal discussion among the parents, student, and school officials. Any agreement between these parties shall be reduced in writing, signed by all parties, and placed in the student's records.
9. Upon request, the Superintendent/designee shall, arrange for a record amendment hearing in compliance with [702 KAR 001:140](#).

RELATED PROCEDURES:

All 09.14 procedures

Review/Revised:7/19/2016

Notification of FERPA Rights

Distribute this notice annually to parents and students.
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The Family Educational Rights and Privacy Act (FERPA) affords parents and “eligible students” (students 18 years of age or older or students who are attending a postsecondary institution) certain rights with respect to the student’s education records. They are:

1. ***The right to inspect and review the student’s education records within forty-five (45) days of the day the District receives a request for access.***

Parents or eligible students should submit to the school Principal/designee a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

2. ***The right to inspect and review logs documenting disclosures of the student’s education records.***

Except for disclosure to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosure to the parent or eligible student, FERPA regulations require the District to record the disclosure.

3. ***The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or in violation of the student’s privacy or other rights.***

Parents or eligible students may ask the District to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They should write the school Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of their privacy or other rights.

If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise him/her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

4. ***The right to provide written consent prior to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.***

Exceptions that permit disclosure without consent include:

- a. Disclosure to school officials with legitimate educational interests. A “school official” is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school Board; a volunteer, or an outside person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility to the District.

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

Notification of FERPA Rights

- b. Upon request, disclosure of education records without parent/eligible student notice or consent to officials of another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled or to other entities authorized by law so long as the disclosure is for purposes related to the student's enrollment or transfer.
 - c. Disclosure of information to those whose knowledge of such information is necessary to respond to an actual, impending, or imminent articulable and significant health/safety threat.
 - d. Disclosure to state and local educational authorities and accrediting organizations, subject to requirements of FERPA regulations.
Designated Kentucky State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency.
5. ***The right to notify the District in writing to withhold information the Board has designated as directory information as listed in the annual directory information notice the District provides to parents/eligible students.***
To exercise this right, parents/eligible students shall notify the District by the deadline designated by the District.
6. ***The right to prohibit the disclosure of personally identifiable information concerning the student to recruiting representatives of the U. S. Armed Forces and its service academies, the Kentucky Air National Guard, the Kentucky Army National Guard and institutions of higher education.***
Unless the parent or student who has reached age 18 requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.
7. ***The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.*** The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

Review/Revised:7/19/2016

Notification of PPRA Rights

Distribute this notice annually to parents and students.

The Protection of Pupil Rights Amendment (PPRA) affords parents and eligible students (those who are 18 or older or who are emancipated minors) certain rights regarding conduct of surveys, collection and use of information for marketing purposes, and certain physical examinations. These include the right to:

- ◆ **Consent before minor students are required to submit to a survey, analysis, or evaluation** that concerns one (1) or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education:
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental or psychological problems of the student or student’s family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships such as with lawyers, physicians, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or the student’s parents; or
 8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- ◆ **Receive notice and an opportunity to opt a student out of:**
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student (except for any physical exam or screening permitted or required under state law); and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. **NOTE:** If the parent/eligible student has indicated no directory information is to be provided to third parties or if the marketing activity involves provision of social security numbers, consent form 09.14 AP.122 should be used.
- ◆ **Inspect, upon request and before administration or use:**
 1. Protected information surveys to be used with students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

Notification of PPRA Rights

The District shall annually provide parents and eligible students notice of these rights under law in the Student Handbook, the District *Code of Acceptable Behavior and Discipline*, or other avenue designated by the Superintendent/designee.

The District shall also notify parents and eligible students at least annually at the start of each school year of the specific or approximate dates of the activities listed above. A new or supplemental notice shall be given as necessary to provide the opportunity to consent or opt out under the standards set forth above. Parents/eligible students who believe their rights have been violated may file a complaint with:

***Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave., SW
Washington, D. C. 20202-8520***

Review/Revised:6/22/09

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.

<i>Student Directory Information Listing</i>			
Section I		Section II	
Release to Third Parties other than Armed Forces Recruiters and Institutions of Higher Education		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.)		(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: <input type="checkbox"/> Option 1: The District MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The District MAY RELEASE ONLY the information checked below.		Choose one of the Options below: <input type="checkbox"/> Option 1: The District MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The District MAY RELEASE ONLY the information below.	
<i>If you choose Option 2, check the item(s) of information listed below that the District may release.</i>			
<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's school email address <input type="checkbox"/> Student's telephone number <input type="checkbox"/> Student's date and place of birth <input type="checkbox"/> Student's major field of study <input type="checkbox"/> Information about the student's participation in officially recognized activities and sports	<input type="checkbox"/> Student's weight and height (if a member of an athletic team) <input type="checkbox"/> Student's dates of attendance <input type="checkbox"/> Degrees, honors and awards the student has received <input type="checkbox"/> Student's photograph/picture <input type="checkbox"/> Most recent educational institution attended by the student <input type="checkbox"/> Grade level	<ul style="list-style-type: none"> • 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

Review/Revised:6/20/2017

PPRA Forms**OPT-OUT FOR SPECIFIC ACTIVITIES**

(For activities **not** funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date Name of School/Site

there will be a protected information survey conducted. This activity consists of:

Description: _____

If you do **not** want your child(ren) to participate, please sign below and return the form to your Principal/designee by _____

Five (5) days before activity or as directed

OPTIONAL: You may also opt out of the activity by calling or e-mailing your Principal/designee no later than _____ at _____ or

Five (5) days before activity or as directed

Phone

E-mail Address

If you do not indicate your decision to opt out by the date set forth above, the student will be permitted to participate in the activity.

If, you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before survey is administered to a student.

 As the parent/guardian, I do not want my child(ren), as noted below, to participate in the activity designated above and, by signing and returning this form, indicate my decision to opt them out of the activity.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Parent Signature

Date

PPRA Forms**CONSENT FOR SPECIFIC ACTIVITIES**

(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date Name of School/Site

there will be a survey, analysis, or evaluation, and your consent is required so that your child(ren) may participate. This activity consists of:

Description: _____

Please sign below in the event you consent to your child(ren)'s participation and return this form to your Principal/designee by _____.

Five (5) days before activity or as directed

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Parent Signature

Date

Review/Revised:6/22/09

Juvenile Justice Agency Certification Form

Date: _____

Name of Agency Receiving Records: _____

The _____ Schools have released education records of
_____, who was born on _____

Student's Name

to the above named agency. On behalf of the above named agency, I certify that the student records received shall not be released to anyone except those authorized by law to receive them without the written consent of the parent of the above named child.

Printed Name of Agency Representative

Signature of Agency Representative

Date

Review/Revised:8/11/2014

Request to Inspect, Amend, or Destroy Student Educational Records**CHECK ONE:**

- ☐ Request to inspect and review educational records
- ☐ Request amendment of educational records
- ☐ Request hearing to challenge educational records
- ☐ Request destruction of records

Specify the educational record(s) _____

I hereby make the above request concerning the education records of

Student's Name

Date of Birth

I ☐ am ☐ am not satisfied with the accuracy of the record(s). I realize I may request that records which are inaccurate, misleading, or violative of other rights of the student be amended.

Describe below the specific information in the records for which amendment/hearing is requested and the reason for the request: _____

(USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.)

I certify that I am the parent, legal guardian or am acting as a parent under FERPA of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.*

Parent/Guardian's or Student's Signature

Date

* Living in the student's home in the absence of the parent on a day-to-day basis

You may review the records of _____ at _____

Student's Name

Location

between the hours of _____ AM and _____ PM on _____
Month & Day *Year*

Failure to appear at the time and place designated above will require requesting party to make arrangements to view record(s) at an alternate time and place.

Custodian of Records/designee's Signature

Title

Date

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

Review/Revised:7/25/11

Student Record Logs**INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS**

Student's Name: _____	Date of Birth: _____
------------------------------	-----------------------------

NOTES:

- Any agency or individual inspecting, reviewing, or receiving copies of any student records under the authority of the Family Educational Rights and Privacy Act, is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- This form need not be completed for disclosures made to parents or eligible students, records released to District employees having a legitimate educational interest under FERPA, records released pursuant to written parent or eligible student consent, release of directory information, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that other individuals are not to be notified.
- KDE uploads District student records on a daily basis.

Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	DISTRICT RESPONSE:			Employee Initials/Date
				#1 Copied Provided	#2 Records Inspected/Reviewed	#3 Request Denied	
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/

Student Record Logs**EMERGENCY RELEASE DOCUMENTATION**

As required by the Family Educational Rights and Privacy Act (FERPA), for each instance of employee disclosure of information from this student's educational record made in response to an actual, impending, or imminent articulable and significant health/safety threat, documentation shall be made as follows:

INFORMATION DISCLOSED	EMPLOYEE INITIALS/DATE	BASIS FOR DISCLOSURE	RECEIVING PARTY(IES)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

Review/Revised:8/12/13

Request for Educational Records

THIS FORM IS TO BE USED BY THE SCHOOL OF CURRENT ATTENDANCE TO REQUEST EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.

(Date)

(School Last Attended)

(Address)

(City, State, ZIP)

Please send the educational records of the following student(s):

*(Student Name)**(Grade)**(Birthdate)*

*(Student Name)**(Grade)**(Birthdate)*

*(Student Name)**(Grade)**(Birthdate)*

☐ Please include disciplinary records with regards to suspension and expulsion.

These records should be sent to the following address:

(Present School)

(Address)

(City, State, ZIP)

Principal/Designee's Signature

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent or eligible student that s/he has received notification before records may be released to other educational institutions.

RELATED PROCEDURE:

09.14 AP.231

Review/Revised:6/22/2009

Designation and Agreement for Disclosure to Authorized Representatives

This designation and agreement form shall be completed prior to District release of personally identifiable student record information to outside individuals/entities concerning Federal or State supported programs.

AUTHORIZED REPRESENTATIVE: _____

PERSONALLY IDENTIFIABLE INFORMATION (PII) TO BE DISCLOSED:

PURPOSE:

The purpose of records release is to carry out activities in connection with Federal or State supported education programs as indicated below:

☐ Audit ☐ Evaluation ☐ Enforcement ☐ Compliance

DESCRIPTION OF THE ACTIVITY FOR WHICH RECORDS WILL BE USED: DESCRIPTION OF HOW THE INFORMATION WILL BE USED:

NOTE: The authorized representative designated herein shall not release the subject information to anyone other than its authorized representatives who have a legitimate interest in the activity set out in this agreement.

RECORDS DESTRUCTION:

The authorized representative shall destroy the PII when no longer needed for the purpose specified herein.

- The method used to destroy records shall be by physical destruction.
- The subject information shall be destroyed by: _____ (date)

Please sign, date and return to our District a copy of this document, which shall signify your individual or your entity's agreement with all terms set out in this document.

Signature of Custodian of District Records

Date

Signature of Individual/Entity Representative

Date

Review/Revised:7/23/12

Release of Records to State Child Welfare Agency

School district administrators may authorize release of protected student education record information to authorized representatives of a Kentucky state child welfare agency if such agency presents to the District an official court order placing the student whose records are requested under the care and protection of said agency. The state welfare agency representative receiving such records must be authorized to access the child's case plan. All information in the below form must be provided/completed.

On behalf of the _____ (agency), I am requesting access to and/or release of information in the educational records of the following student enrolled in the District:

Name of Student

School

SPECIFIC INFORMATION REQUESTED

☐ All cumulative records

☐ Grade records only

☐ Attendance record only

☐ Standardized test data only

☐ Other: _____

I understand that I and my agency are prohibited by federal law from releasing a child's education records to any individual or entity, except for those at my agency engaged in addressing that child's educational needs.

I also understand that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

By virtue of my signature, I certify:

- I am a representative/caseworker for the following state child welfare agency: _____;
- This agency is responsible under state law for care and protection of the student as provided in the court order referenced below;
- A case plan for the student has been established or is in process for the student; and
- As representative/caseworker I have the right to access such case plan.

CONTACT INFORMATION

Signature of Requesting Individual

Title

Date

Telephone Number

Email Address

(THE SECTION BELOW TO BE COMPLETED BY DISTRICT RECORDS CUSTODIAN/DESIGNEE)

-
- ☐ The District has an attested or certified original court order placing the student whose records are released under the care and protection of the requesting agency, which order is still in effect.
 - ☐ The requesting individual presented appropriate credentials and identification.
 - ☐ Payment has been made for any copies requested.

The requesting individual was notified of the following on _____ (date):

- The request was ☐ approved ☐ not approved.
- If approved, the records will be available on _____ (date).

Signature of Records Custodian/Designee

Date

Review/Revised:6/24/13

Release/Inspection of Student Records
TO THIRD PARTY

Date: _____

Name of School: _____

The _____ Schools are hereby authorized to:

☐ Release or copy☐ Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency to whom this information is to be released is _____.

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

RECORDS (including electronic)	PURPOSE
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records only	
<input type="checkbox"/> Other: _____	

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

- ☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)
- ☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

*Signature of Parent/Guardian or Individual Acting as Parent under FERPA**_____
*Date*_____
*Signature of Student, 18 or Older or Attending Post-secondary Institution*_____
Date

*Living in the student's home in the absence of the parent on a day-to-day basis

Review/Revised:7/19/2016

Media Consent Form

Throughout the school year, there may be times when Gallatin County Schools personnel, the media, or other organizations, with the approval of a school administrator, may take photographs of students, audio/videotape students, or interview students for school related stories in a way that would individually identify a specific student. Those photographs and/or videotaped images or interviews may appear in District/School publications, in District/School video productions, on the District/School website, on District authorized social networking sites such as Facebook or Twitter, in the news media, or in other organizations' school-related stories or articles. To authorize your child's photograph and/or videotaped image or interview to be used for these purposes, please complete this form and return it to your child's school.

☐ I hereby grant unto Gallatin County Schools permission to use my child's, photograph and/or videotaped image or interview for the purposes mentioned above. I understand and agree that Gallatin County Schools may use these photos and/or videotaped images or interviews in subsequent school years unless I revoke this authorization by notifying the school Principal in writing. I further grant unto Gallatin County Schools permission to permit my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school related stories or articles.

☐ I do not grant permission.

Student's Name _____

Please check the current school in which your child is enrolled:

<input type="checkbox"/>	Gallatin County Lower Elementary
<input type="checkbox"/>	Gallatin County Upper Elementary
<input type="checkbox"/>	Gallatin County Middle School
<input type="checkbox"/>	Gallatin County High School

Parent/Guardian Signature _____

Date Signed _____

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

Review/Revised:6/19/2018

Student Fees

SCHEDULE APPROVED ANNUALLY

If student fees are charged, a schedule of fees shall be reviewed and approved annually by the Board. The approved schedule shall be published in student handbooks or other written notice, as appropriate.

NO CHILD DENIED

Students will not be denied access to any educational program due to an inability to pay a fee, purchase school supplies, or rent or purchase instructional resources.

PRINCIPAL'S RESPONSIBILITY

Principals shall determine those students who qualify for free school supplies and instructional resources as follows:

1. Principals shall use the guidelines of the free and reduced-price lunch program to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.*
2. During the first week of school, the Principal shall send to the parents of each student the eligibility guidelines for free and reduced-price lunches. The eligibility guidelines form shall include a statement that if the student qualifies for free or reduced-price lunches, s/he also qualifies for free necessary school supplies.
3. Parents shall be informed that they must complete the required documentation to be eligible for exemption from payment of fees for necessary school supplies.

*If a school or District participates in the Community Eligibility Provision (CEP) meal program, the Principal shall use the Household Income Form (HIF) to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.

SBDM

In SBDM schools, councils shall provide free supplies and/or instructional resources from funds allocated to the school.

Review/Revised:8/11/2015

Application for Waiver of Fees

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 _____	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 _____

- Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? ☐ YES ☐ NO
- 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

Application for Waiver of Fees

3. 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 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

Review/Revised:6/20/2017

Notice of Returned Check

Date: _____

Dear _____

Name of parent/guardian

This is to inform you that the check you submitted for payment of your child's fee(s), check number _____, dated _____, drawn on account number _____ with the following banking institution, _____, has been returned for the following reason:

- ☐ Insufficient funds
- ☐ Uncollected Funds
- ☐ Closed account
- ☐ Other, as specified _____

We have submitted this check for payment on two (2) different occasions, and the check was returned both times. Please send cash or a money order in the amount of \$ _____ to clear the bill. We will return your check upon receipt of this amount. If you have any questions, please contact me at the following number: _____

School telephone number

If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of this letter, I will recommend to our attorney to pursue appropriate action.

Sincerely,

Principal's Signature

xc: Other as specified _____

Review/Revised:6/22/09

Notice of Past Due Account

☐ First Notice ☐ Second Notice*

Date: _____

Dear _____
Name of parent/guardian

This is to inform you that the _____ has been past due since

Account Name/Number

_____ and the fee(s) amounting to _____

Inclusive Dates

Amount

need to be submitted to my office as soon as possible.

If you have any questions regarding this matter, please contact me at the following number:

School telephone number

*If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of the second notice, I will recommend to our attorney to pursue appropriate action.

Sincerely,

Principal's Signature

xc: Other as specified _____

Review/Revised:6/22/09

Health Requirements and Services

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

SCREENING TESTS

Physical assessments of students shall be conducted as follows:

GROWTH & DEVELOPMENT	PROVIDED BY
Preschool	Health Provider
VISION	PROVIDED BY
Preschool	School Nurse
First year primary	
Second year primary	
Third year primary	
HEARING	PROVIDED BY
Preschool	School Nurse
First year primary	
Second year primary	
Third year primary	

ABNORMALITIES REPORTED

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

HEALTH SERVICES REFERENCE GUIDE

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

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

HEALTH RECORDS

Cumulative health records shall be initiated and maintained in the Principal's office or maintained electronically in the student information system.

RELATED POLICIES:

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

RELATED PROCEDURES:

09.224 and 09.2241 procedures

Review/Revised:7/23/2012

Preventive Student Health Care Examination Forms

Preventive student health care examinations for students must be completed using the form required by Kentucky Administrative Regulation (“Preventive Student Health Care Examination Form”) or an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination form.

Review/Revised:8/11/2015

Request for Protected Health Information

See existing Procedure 03.111 AP.21 the form to use in requesting protected health information from health care providers.

RELATED PROCEDURE:

03.111 AP.21

Review/Revised:6/22/09

Prevention/Control of Head Lice in Schools

School personnel shall actively pursue the prevention and control of head lice in the District's schools by developing a consistent education, screening and follow-up program for all students.

Principals and school personnel trained to identify live lice or nits shall adhere to the following guidelines:

- 1) When students are observed/reported to have live head lice or nits any time during the school year:
 - a. Playmates closely associated with the student and possibly siblings of the student that attend the same school may be checked for nits or live lice, which are defined by the Centers for Disease Control and Prevention as crawling lice. In general, school-wide checks are not necessary.
 - b. Parents of each student identified as having live lice or nits will be contacted by a school/District representative advising them of the finding.
- 2) Principals or school/District personnel shall offer parents of students identified as having live lice and/or nits:
 - a. Visual evidence of live lice and/or nits in the student's hair.
 - b. Verbal and/or written information/direction for hair treatment and household procedures.
- 3) In most cases, students should not be excluded from school. However, in all instances when personnel identify live lice and/or nits, they shall confirm with the student and/or parent/guardian that the following have occurred:
 - a. The parent/guardian has combed the student's hair with an actual lice/nit comb or applied special lice killing shampoo on the same or next day.
 - b. When the student returned to school after treatment, designated school personnel rechecked the student before s/he returned to the classroom. If live lice or nits remained, steps 2 and 3 above were re-established.
- 4) School personnel shall follow up with students found with a second and subsequent cases of live head lice to assure that:
 - a. Prescribed medical treatment for live lice or nits has been applied to the student's hair no later than the next day.
 - b. Any second application required is applied within the recommended time frame.
- 5) The Superintendent/designee shall:
 - a. Establish education/information programs on head lice control methods for school personnel, community members, students and parents.
 - b. Provide each school with written materials on head lice control and prevention.

Review/Revised:3/24/2015

Exposure to Bloodborne Pathogens

The bodily fluid cleanup guidelines that are included in the Bloodborne Exposure Control Plan required by Policies 03.14/03.24 and related procedures will be followed in incidents involving students.

Review/Revised:6/22/09

Request for Student Health Services and Procedures**(NON-MEDICATION NEEDS ONLY)**

The District provides health services to students so that their attendance and/or school-related program participation is not interrupted.

If your child requires a specific health service or procedure, please obtain the information below from your child's physician/health care provider and return this completed form to:

_____.

Please be advised that District personnel will review the information provided for possible Section 504 or IDEA service considerations.

STUDENT'S NAME _____ **DOB** _____**STUDENT'S SCHOOL** _____

Parent/Guardian or Student 18 or Older Signature

*Date***TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER:**

Duration of service/procedure: ☐ _____ school year ☐ until treatment is changed.

Describe the service/procedure in detail and include any specific instructions. (Please use the back of this form if needed, and sign at the end of your additional comments.) _____

Times to be administered: _____

Physician/Health Care Provider Signature *Date*

Physician/Health Care Provider Address *Date*

TO ASSURE COMPLIANCE WITH HIPAA REQUIREMENTS, SUBMIT THE ATTACHED "REQUEST FOR PROTECTED HEALTH INFORMATION" FORM TO YOUR HEALTH CARE PROVIDER OR USE THE HIPAA FORM REQUIRED BY THAT PROVIDER.

RELATED PROCEDURES:

03.111 AP.21; 09.2241 (all medication-related procedures)

Review/Revised:7/25/11

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 005:030](#)

Review/Revised:6/20/2017

Documentation of Reporting Required by Law**(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)**

This form shall be used to document reports listed in Policy 09.2211 that are required by KRS 158.154, KRS 158.155, and KRS 158.156. After receiving a report of an alleged violation from an employee, the Principal shall be responsible for documenting the alleged incident. Regardless of the statutory provision under which the alleged incident falls or the reporting requirements of that provision, school employees shall report the alleged incident to the Principal for documentation.

STUDENT REPORTED FOR VIOLATION _____*Last Name**First Name**Middle Initial*

General nature of the alleged violation:

On _____, I reported the above incident to:

Date☐ Local law enforcement official; specify: _____☐ Department of Kentucky State Police☐ County Attorney☐ The Superintendent, who shall report it to the Board, if required by KRS 158.156_____
*Signature of Principal Reporting*_____
Date

The following information about the student involved is for internal tracking purposes only:

INFORMATION FOR STUDENT REPORTED:**BIRTHDATE** _____ **AGE** _____ **SCHOOL** _____ **GRADE** _____**PARENT/GUARDIAN** _____*Last Name**First Name**Middle Initial***PARENT/GUARDIAN ADDRESS** _____**PARENT/GUARDIAN WORK PHONE** _____**HOME PHONE** _____

If the report concerns an alleged student victim, the following information applies to that student:

ALLEGED VICTIM _____*Last Name**First Name**Middle Initial***BIRTHDATE** _____ **AGE** _____ **SCHOOL** _____ **GRADE** _____**PARENT/GUARDIAN** _____*Last Name**First Name**Middle Initial***PARENT/GUARDIAN ADDRESS** _____**PARENT/GUARDIAN WORK PHONE** _____**HOME PHONE** _____

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

PARENTAL NOTIFICATION

If their child is involved in an incident related to KRS 158.156, the Principal shall notify parents/guardians in writing.

BOARD NOTIFICATION

For an incident related to KRS 158.156, the Principal shall report only the following information to the Superintendent to share with the Board:

On _____, _____ students were involved in an incident	
<i>Date</i>	<i>Number</i>
reportable under KRS 158.156.	
_____	_____
<i>Name of School</i>	<i>Signature of Principal</i>

RELATED PROCEDURE:

09.438 AP.21

Review/Revised:6/22/09

Physical Restraint and Seclusion Forms**DOCUMENTATION OF USE**

Please attach additional sheets as needed.

STUDENT NAME:	DATE OF USE:
Description of Physical Restraint or Seclusion Measure Used:	
Beginning Time of Measure Used:	Ending Time of Measure Used:
School Personnel Involved:	
Student Behavior Prompting Use:	
How Student Behavior Posed Imminent Danger of:	
<input type="checkbox"/> Physical _____ harm _____ to _____ self/others	
<input type="checkbox"/> Property damage, destruction, criminal mischief, theft, or a felony involving use of force _____ _____	
<input type="checkbox"/> Disruption _____ of _____ reasonable _____ discipline/order	
School Personnel Response to Behavior and Techniques Used:	
Events Leading Up to Use of Measure:	
Student's Behavior During Restraint or Seclusion and Interactions During Use:	
Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:	
Injuries to Student(s), School Personnel or Others:	
Effectiveness of Restraint/Seclusion in De-escalating the Situation:	
Student Post-Incident Interview Comments:	
Planned Future Positive Behavioral Interventions:	
Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):	
Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:	

Check as applicable:

☐ Parent ☐ Emancipated Youth notified on _____ (date) of the five (5) school day timeline to request debriefing session.

Signature of Staff Member Completing Report

Date Report Provided to Principal

Physical Restraint and Seclusion Forms**NOTICE TO PARENT**

ADMINISTRATIVE NOTE: AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.

Date

Dear parent/guardian,

On _____, authorized school personnel used the following with your child:

Date☐ Seclusion☐ Physical Restraint

The following is a summary description of the measure used:

This occurrence took place at _____

Location and Time Frame

and was necessary due to the following behavior by your child:

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The District must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at _____.

Telephone Number

Sincerely,

Signature

Position

Review/Revised:4/8/13

Emergency Medical Care Procedures

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

EMERGENCY INFORMATION

Emergency care information for each student shall be filed in the Principal's office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
 - a) Inform parent or authorized contact that the child is not able to remain at school.
 - b) Indicate the apparent symptoms; however, do not attempt to diagnose.
 - c) Advise the contact that s/he may want to contact a health care practitioner regarding the child's condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with District policy and procedure when ordered by the student's personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.
11. Employees shall follow the District's Exposure Control Plan when clean-up of body fluids is required.

Emergency Medical Care Procedures**SUPPLIES/PERSONNEL**

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, shall have on duty during the school day or during any school-related activities in which the student is a participant, at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student's seizure action plan, as prescribed by the student's health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
4. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student's treating physician, which shall be kept on file in the office of the school nurse or school administrator.
5. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.

DOCUMENTATION

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

RELATED POLICIES:

09.224
09.2241

RELATED PROCEDURES:

09.224 AP.21
09.2241 AP.22
09.2241 AP.23

Review/Revised:7/16/2019

Emergency Information Form

Student's Name _____			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____			
	<i>Street Address/Apt. #</i>	<i>City</i>	<i>State</i> <i>Zip Code</i>
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
Grade _____	Teacher (Homeroom)/Classroom _____	Bus # _____	

TO BE COMPLETED BY PARENT/GUARDIAN: TO SERVE YOUR CHILD IN CASE OF ACCIDENT OR SUDDEN ILLNESS, IT IS NECESSARY THAT YOU FURNISH THE FOLLOWING INFORMATION:

MOTHER'S NAME _____

Last Name *First Name* *Middle Initial*

Mother's Employer _____ Phone # _____

FATHER'S NAME _____

Last Name *First Name* *Middle Initial*

Father's Employer _____ Phone # _____

GUARDIAN'S NAME _____

Last Name *First Name* *Middle Initial*

Guardian's Employer _____ Phone # _____

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the following people who are authorized to pick up my child from school or a school-sponsored activity:

<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
-------------	---------------------	---------------------

<i>Name</i>	<i>Phone Number</i>	<i>Relationship</i>
-------------	---------------------	---------------------

Doctor's Name: _____ Phone # _____

Address: _____

If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

<i>Signature of Parent/Guardian</i>	<i>Date</i>
-------------------------------------	-------------

Emergency Information FormIs your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

Medication	Dosage

Is your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify _____Is your child allergic to insect bites? ☐ Yes ☐ NoDoes your child have allergies? ☐ Yes ☐ NoDoes your child have a history of ☐ heart disease ☐ diabetes ☐ T.B ☐ nervous disorder
☐ epilepsy ☐ ear infection ☐ seizure ☐ asthma ☐ Other _____?

If so, please check and describe any special emergency treatment that may be required:

Please list any other conditions that might require emergency medical treatment: _____

*Signature of Parent/Guardian*_____
*Date***Log of Attempts to Contact Parent/Guardian**

Date	Time	Phone # Called	Answered?		Person Answering Phone/Response
			Yes	No	

Review/Revised:6/22/09

Student Medication Guidelines

STUDENT SELF-MEDICATION

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's health care practitioner also is required.

ALL OTHER MEDICATIONS

1. Medication should be given at home when possible. 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.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.
3. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and EpiPens) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record.

PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

Student Medication Guidelines**PRESCRIPTION MEDICATIONS (CONTINUED)**

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

NONPRESCRIPTION MEDICATIONS

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log. Records must be kept on file in the student's cumulative folder. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder when completed or when the medication is changed/discontinued.

DISPOSAL OF UNUSED MEDICATION

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

MEDICATION REFUSAL

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 medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.

Student Medication Guidelines

MEDICATION ERROR (CONTINUED)

3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21

09.2241 AP.22

Review/Revised:8/11/14

Permission Form for Prescribed or Over-the-Counter Medication

School: _____ Date form received by the School: _____

Student's Name: _____	Grade: _____	Homeroom/Classroom: _____
Student's Age: _____ Date of Birth: _____		

TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION MEDICATION

Name of medication: _____ Reason for medication: _____

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other _____

Describe schedule and dose to be given at school: _____

Starting Date: ☐ date form received ☐ Other, as specified: _____Stopping Date: ☐ for episodic/emergency events only ☐ end of school year ☐ Other date/duration: _____Restrictions and/or important effects: ☐ Yes. Please describe: _____**NOTE: In the event the Principal/designee is notified of the possibility of an adverse or extreme reaction to a medication, s/he shall inform the student's teacher(s) of such a possibility before the student begins the medication schedule.**Special storage requirements: ☐ None ☐ Refrigerate ☐ Other _____Student is capable of/responsible for self-administering this medication: ☐ No ☐ Yes ☐ Supervised ☐ UnsupervisedStudent has been instructed in self-administering the medication: ☐ No ☐ YesStudent must carry this medication on his/her person: ☐ No ☐ YesPlease indicate additional information: ☐ On the back side of this form ☐ As an attachment_____
*Physician/Health Care Provider Signature*_____
*Date*_____
*Signature of Parent/Guardian*_____
Date

Name of Physician/Health Care Provider: _____

Address: _____

Phone #: _____ Fax #: _____

To the school: Please report concerns about medications or the student's condition to the above physician/health care provider.**TO BE COMPLETED BY PARENT/GUARDIAN FOR NON-PRESCRIPTION MEDICATIONS**

As the parent or legal guardian of the student named below, I authorize my child to take the following over-the-counter medication as noted:

Name of Medication: _____ Dosage/Schedule: _____

Other Information: _____

Permission Form for Prescribed or Over-the-Counter Medication**FOR ALL MEDICATIONS**

I give permission for _____ to receive the above medication(s) at school according

Student's Name

to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ *Signature:* _____ *Relationship:* _____

Home Phone: _____ *Work Phone* _____ *Emergency Phone* _____

TO BE COMPLETED BY SCHOOL PERSONNEL

I/we acknowledge receipt of the foregoing statement and authorization.

Administrator/designee _____ *Date* _____

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

Review/Revised:7/25/11

Student Medication Logs

DAILY SUMMARY OF MEDICATION ACTIVITIES

DATE: _____

STUDENT'S NAME	GRADE	PERSON WHO ADMINISTERED MEDICATION	NAME OF MEDICATION			TIME

STUDENT
PICTURE
HERE

Student Medication Logs

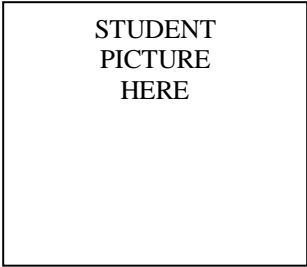
STUDENT MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____		DATE OF BIRTH: _____		GENDER: _____		GRADE: _____	
ALLERGIES: _____				NAME AND DOSE OF MEDICATION: _____			
ROUTE: _____		TIME(S) GIVEN AT SCHOOL: _____		POSSIBLE SIDE EFFECTS: _____			
Classroom teacher when medication is due: _____				Health Care Provider Name/Phone #: _____			
Emergency Contact Names/Phone #s: _____							

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

Page 2 of 3

STUDENTS



09.2241 AP.22
(CONTINUED)

Student Medication Logs
STUDENT MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____

MEDICATION COUNT			NOTES ON ADMINISTRATING MEDICATIONS		
DATE	AMOUNT PRESENT	INITIALS	DATE	EVENT DESCRIPTION	INITIALS

Review/Revised:7/26/10

Medication Administration Incident Report

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 _____	
Grade _____	School Name _____		

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)

- | | |
|---|--|
| <input type="checkbox"/> Medication administered to incorrect student | <input type="checkbox"/> Medication administered at incorrect time |
| <input type="checkbox"/> Incorrect dosage of medication administered | <input type="checkbox"/> Incorrect medication administered |
| <input type="checkbox"/> Incorrect documentation provided | <input type="checkbox"/> 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, if appropriate ☐ Physician
☐ Poison Control Center ☐ Parent/Guardian
☐ Other, _____

Signature of Person Completing the Report

Date

Principal's Signature

Date

Follow-up notes, if applicable: _____

Review/Revised: 7/26/10

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](#)).

Review/Revised:6/20/2017

Safety (Athletics)

School administrators and coaches shall take appropriate measures to provide a safe, healthy experience for participants and helpers in the athletic program to minimize the number and degree of seriousness of athletic injuries and related illnesses. For all athletic practices and competitions, safety procedures shall be implemented that comply with Board policy, state law and regulations, and requirements of the Kentucky Board of Education and the Kentucky High School Athletics Association (KHSAA).

PARTICIPATION AFTER INJURY

When a player has sustained serious injury that may be aggravated by continued participation in the game or practice, the coach shall receive permission from a physician before the player re-enters the game or participates in practice. If it is suspected that a student has sustained a concussion, the process set out in policy shall be followed.

Review/Revised:7/23/12

Insurance (Athletics)

Students participating in interscholastic athletics shall be covered by accident insurance in accordance with the options checked below:

- Insurance is compatible with the catastrophic insurance coverage carried by the Kentucky High School Athletic Association.
- Parents have certified in writing that they have adequate health and hospital coverage.
- Evidence is presented by the Principal/designee that the student has been insured by enrolling in a student insurance program which covers athletic injuries for the current school year.
- The Board provides insurance for all student athletes.

Review/Revised:6/22/09

Fund-Raising Activities-Proposal

Please refer to the KDE document, Accounting Procedures for School Activity Funds, which includes the forms and process required for approval of fund-raising projects.

Review/Revised:7/16/2019

Fund-Raising Activities - Approval of Schoolwide Fund-Raising Projects

Please refer to the KDE document, *Accounting Procedures for School Activity Funds*, which includes the forms and process required for approval of fund-raising projects.

Review/Revised:6/22/09

Fund-Raising Activities - Letter to County Clerk

Date _____

Address: Office of the County Clerk

Dear _____

KRS Chapter 367 requires the Superintendent to file written approval with your office of school fund-raising projects involving the sale of printed materials through solicitation by minors and students as follows:

The written approval of the Superintendent shall identify the product or products being sold, the solicitors to be involved and the duration of sales and shall be filed with the County Court Clerk.

_____ has requested my approval of fund-raising project(s)

Name of School

listed below:

Purpose of the project _____**Name/description of product being sold** _____**Name and address of publisher or jobber** _____**Name of school club or department sponsoring the project** _____**List of solicitors, if applicable, including ☐ age, ☐ grade number/level, ☐ name of school (*Attach list.*)****Duration of sales**Begins _____
*Month Day Year*Ends _____
Month Day Year

I am hereby approving the project as submitted and am filing this information with your office. If further information is necessary, please let me know.

*Signature of Superintendent/Designee*_____
Date
Review/Revised:6/22/09

School-Related Student Trips

The Principal shall review all student trip requests for compliance with Board policies and procedures. The site-based council shall approve all field trips funded through the school budget.

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

Prior approval of the Director of Transportation is required for all trips involving the use of buses and vans. Approval shall be contingent on the availability of qualified drivers.

Transportation requests shall be made by completing a Vehicle 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)

Review/Revised:7/25/11

Use of Nine Passenger Vehicles**DRIVER APPROVAL AGREEMENT FOR VEHICLES OF NINE (9) PASSENGERS OR LESS**

STATE OF KENTUCKY

COUNTY OF GALLATIN

This contract entered into this _____ day of _____, 20_____, by and between the Gallatin County Board of Education whose address is 75 Boardwalk, Warsaw, KY 41095 hereinafter referred to as the Board and _____ whose address is _____ hereinafter referred to as the Driver.

WITNESSETH:

The Board hereby approves the Driver to operate a Board Owned vehicle designed by the manufacturer to transport nine (9) or less passengers including the driver to provide transportation to and from school approved activities for the _____ school year

A. BOARD OBLIGATIONS:

1. The Board hereby authorizes the Driver to drive a Board Owned vehicle when transporting students to and from school approved activities. No other vehicles will be used to transport students under the agreement.
2. The Board agrees to provide the Driver with any training the local Department of Pupil Transportation deems necessary in order to insure the safe transportation of students.

B. THE DRIVER AGREES:

1. Have written recommendation of Principal to be a certified van driver;
2. Submit a Motor Vehicle Release Authorization and copy of Driver's License;
3. Submit a completed KDE Medical Examination of School Employees
4. Complete online training course provided by the District.
5. Complete required van driver training course with certified driver trainer including discussion of safety concerns and laws relevant to transporting students in school vehicles; instruction on how to conduct pre/post trip inspections; instruction on District procedures in case of an accident or emergency; taking a driving test to find out the drivers skills.
6. Submit a Van Trip Request Form prior to using van
7. At no time shall a student move or drive the van
8. Driver and all passengers must wear seat belts at all times
9. Equipment carried in van must not block exit door
10. Van is to be kept locked when not occupied
11. Obey all traffic rules
12. Submit to random drug testing
13. That he/she will not operate a Board owned vehicle at any time while they are taking medication, either by prescription or without prescription, if that medication would affect, in any way, the Driver's ability to safely operate said vehicle.

Use of Nine Passenger Vehicles**DRIVER APPROVAL AGREEMENT FOR VEHICLES OF NINE (9) PASSENGERS OR LESS (CONTINUED)**

14. Eating and drinking is allowed but ALL trash is to be removed from the van after each trip.
15. Driver is in charge of checking the van for cleanliness before turning in keys. If the van is returned dirty you or your organization will be charged a cleaning fee.
16. Van Usage Form is to be completed and van keys and form are to be returned to the Bus Garage immediately upon return or if locked, by 8 am the next school day.

FURTHER, the DRIVER states that he/she has read the foregoing requirements and submit to the stipulations contained herein.

MUTUAL AGREEMENTS

1. It is mutually agreed by and between the Board and the Driver that the Board owned vehicle will be used only for the transporting of students to prior approved school activities.
2. It is mutually agreed by and between the Board and Driver that only those students authorized by the Principal of the school shall be transported in the Board owned vehicle while said vehicle is being used in the fulfillment of the requirements of this contract.
3. It is mutually agreed by and between the Board and Driver that the Board owned vehicle shall be operated in accordance with current federal and state laws, 702 KAR 5:130, and that all passengers including the driver will wear installed seatbelts at all times while being transported under the provision of this contract.
4. It is mutually agreed by and between the Board and the Driver that the failure of either party to carry out their obligations in good faith as set forth in this contract shall cause this contract to become cancelable for cause.
5. It is mutually agreed by and between the Board and the Driver that if conditions arise as a result of the Driver's operation of the Board Owned vehicle which threaten the safety and morality of the students riding in the vehicle, the Board shall take action appropriate for the cancellation of this contract.
6. It is mutually agreed by and between the Board and the Driver that the Driver will not receive any additional pay of compensation for any services performed under the provisions of this contract.
7. Driver must notify District of any legal action such as DUI, etc., or cited traffic violation during their certification timeframe.

WITNESSETH THESE SIGNATURES:

_____, Board of Education

_____, Superintendent

_____, Driver

This contract was approved at the Board of Education Meeting on the ____ day of _____, 20____, to become effective on the date shown in the first paragraph of this contract.

Review/Revised:8/11/14

School-Related Student Trip/Vehicle Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE TRIP.
--

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

☐ Classroom Field Trip ☐ Class Trip, specify _____☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable)

Destination _____ Address _____ Phone _____

☐ Out of State ☐ Out of County ☐ Within County☐ Overnight; give name, address, phone of lodging _____

Date of Request _____ Date of Trip _____ Person Requesting _____

Departure Time _____ Return Time _____ Number of Riders _____ Number of Chaperones _____

ATTACH LIST OF NAMES OF ADULTS/STUDENTS ON TRIP

Faculty Sponsor _____

(Certified Person Responsible for Student)

Principal _____ SBDM Chair _____

Charged to/Source of Funding _____ Have all chaperones been approved? ☐ Yes ☐ NoMeals Required: ☐ Sack Lunch ☐ Fast Food ☐ Other _____

List Special Equipment To Be Transported—Items Which Cannot Be Held In Lap.

Number Of Buses Requested _____ Regular Bus _____ Special Needs Bus _____ Van _____

Ratio of Students to Adults

High School 20 to 1

Middle School 10 to 1

Elementary 5 to 1

For daily trips, a simple way to estimate cost is \$1/mile and \$20/hour, per bus.*This section to be completed by Transportation/Central Office.**

Trip Calculation

Bus _____ X \$1.00 = \$ _____ Mileage Bill to: _____

Total Miles

_____ X _____ = \$ _____ Driver Rate

Avg. OT Rate = \$ _____ \$ _____ Total

of Buses Approved: _____ Approval of Transportation Director: _____ Date _____

Acceptance by Driver: _____ Date _____

For overnight and/or out-of-state trips, approval of the Superintendent and Board is required._____
Superintendent_____
Date_____
Board Chairperson_____
Date**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.23

Review/Revised:6/22/09

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

Student's Name _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
School _____	Grade _____	Homeroom/Classroom _____
<input type="checkbox"/> All school-related trips for the _____ school year; OR		
<input type="checkbox"/> Field Trip Date(s) _____ Destination _____		
Alternate Destination, if applicable _____		
Mode of Transportation _____ Cost to Student, if applicable \$ _____		

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

Please return this form to your child's teacher.

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

DRIVER AGREEMENT FORM

(Use of Private Vehicle for Student Transportation)

I have been fully informed of District requirements and regulations related to the transportation of students in private vehicles and I certify that I meet the following:

1. I am the parent or legal guardian of; (student name) _____
2. I possess a valid Kentucky driver's license (copy attached);
3. I am at least twenty-one (21) years old;
4. I have in effect automobile insurance coverage which meets the minimum requirements established for private vehicles in the Commonwealth of Kentucky. (copy of current card attached)

I understand and acknowledge that the District does not assume any liability for any injuries and/or damages sustained by my student, myself, or any third party which arise from or are in any way related to transportation in a privately owned and/or operated vehicle while on any school related trip.

I understand that driver approval is non-transferable. I shall not permit any non-approved driver, including my child, to operate my vehicle for the transportation of students while on any school related trip.

I hereby knowingly and voluntarily waive, release and agree to hold harmless the District and any subdivision or employee thereof for any liability of any kind arising from or relating to the transportation of my child, _____, in my privately owned vehicle while on any school related trip.

Date: _____

Signature of Driver: _____

Printed Name of Driver: _____

Make, Model, and Year of Car: _____

License Plate Number: _____

Purpose for Use of Vehicle: _____

Dates for Use of Vehicle: _____

Approved By: _____ Date: _____

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

**APPLICATION FOR APPROVAL FOR STUDENT TRANSPORTATION IN PRIVATELY OWNED
MOTOR VEHICLE(S)**

Sponsor:	Event:
Name of Student:	
School:	

Application is made to the Superintendent for approval to transport students in a privately owned motor vehicle or motor vehicles, and I certify the following:

1. ☐ Yes ☐ No Transportation is in connection with the above-referenced school function and/or event.
2. ☐ Yes ☐ No The school has undertaken to participate in, sponsor, or to provide for student participation in the school function or event.
3. ☐ Yes ☐ No The function or event is a single event and not part of a scheduled series or sequence of events at the same location.
4. ☐ Yes ☐ No As a practical matter, a District-owned bus or passenger vehicle is not available for the transportation of some or all of the students involved in the function and/or event.
5. ☐ Yes ☐ No The parent/guardian of each student to be privately transported has been notified in writing of the arrangements that were made for transportation of the student if District vehicles and written consent of the parent/guardian for each student to be privately transported is on file in the Principal's office.
6. ☐ Yes ☐ No Students shall be transported only in designated seating positions in the motor vehicle(s) and each student shall be required to use a seat belt at all times while being transported in the vehicle.
7. ☐ Yes ☐ No A completed "Driver Agreement Form", proof of insurance, and copy of a current valid Kentucky operator's license for each driver of all privately owned motor vehicles to be used in transporting the students is on file in the office of the school Principal or is attached hereto.

Signature of Faculty Sponsor

Date

Signature of Principal

Date

This application is ☐ approved ☐ disapproved

Signature of Superintendent

Date

Review/Revised:6/22/09

School-Related Student Trip Evaluation Form**SUBMIT THIS FORM TO THE PRINCIPAL WITHIN ONE (1) WEEK AFTER THE TRIP.****FACULTY MEMBER(S) SPONSORING TRIP** _____**TYPE OF TRIP (CHECK ONE):**

- ☐ Classroom Field Trip ☐ Class (i.e., junior, senior) Trip, specify _____
- ☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) _____

DESTINATION _____ **DATE(S) OF TRIP** _____**NUMBER OF STUDENTS** ____ **FACULTY SPONSORS** ____ **AND OTHER CHAPERONES** ____ **TOTAL** ____**PURPOSE/EDUCATIONAL VALUE** _____**HOW DID THIS DESTINATION MEET THE EDUCATIONAL OBJECTIVES?** _____**WHAT FOLLOW-UP ACTIVITIES DID YOU DIRECT IN THE CLASSROOM TO REINFORCE THE STUDENTS' FIELD TRIP EXPERIENCE?****WAS PUPIL BEHAVIOR OR SAFETY A PROBLEM ON THE TRIP?** _____**WOULD YOU RECOMMEND THIS DESTINATION TO A COLLEAGUE OR REPEAT THE EXPERIENCE YOURSELF?** _____**IF DISTRICT-PROVIDED TRANSPORTATION WAS USED,****DID THE DRIVER ARRIVE AT THE DESIGNATED TIME?** ☐ YES ☐ NO**WAS THE DRIVER COURTEOUS AND POLITE?** ☐ YES ☐ NO**DID THE DRIVER OPERATE THE VEHICLE IN A SAFE AND PROFESSIONAL MANNER?** ☐ YES ☐ NO**WAS THE BUS CLEAN AT THE ONSET OF THE TRIP?** ☐ YES ☐ NO**ON A SCALE OF 1 - 10, WITH 10 BEING THE HIGHEST, HOW WOULD YOU RATE THIS EDUCATIONAL EXPERIENCE?**

1 2 3 4 5 6 7 8 9 10

*Sponsor's Signature*_____
Date

Review/Revised:6/22/09

Bullying Reporting Form**(FOR INTERNAL ADMINISTRATIVE TRACKING AND DOCUMENTATION PURPOSES ONLY)**

- When additional room is needed for a section entry, please attach a separate sheet.
- Use of information documented on this form shall comply with confidentiality requirements of applicable privacy law including, but not limited to, state and federal Family Educational Rights and Privacy Act (FERPA) laws.

REPORTER INFORMATION:**DATE:** _____☐ Anonymous☐ Staff Member

Name: _____

☐ Parent/guardian

Name: _____

☐ Student

Name: _____

STUDENT(S) REPORTED AS COMMITTING ACTS:

Name: _____

School: _____

Name: _____

School: _____

STUDENT(S) REPORTED AS VICTIM(S):

Name: _____

School: _____

Name: _____

School: _____

DESCRIPTION OF ALLEGED ACTS: _____**TIMES AND PLACES:** _____**NAMES OF POTENTIAL WITNESSES:**

Name: _____

School: _____

Name: _____

School: _____

ACTION TAKEN BY REPORTER (IF ANY): _____**ADMINISTRATIVE INVESTIGATION NOTES:** _____**BULLYING VERIFIED?**☐ YES☐ NO**CORRECTIVE ACTION(S) TAKEN:** _____

If the act of bullying is such that it must be reported as required by KRS 158.154, KRS 158.155, or KRS 158.156, see policies 09.2211 and 09.438 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see policy 09.42811 and related procedures.

IF BULLYING VERIFIED, REPORT SENT TO PARENTS OF STUDENTS? ☐ YES ☐ NO

Parent Name: _____

Date Sent: _____

Parent Name: _____

Date Sent: _____

Bullying Reporting Form**PARENT NOTIFICATION OF ALLEGED BULLYING**_____
Date

Dear parent/guardian,

On _____, your child, _____,
Date *Student's Name*was reportedly involved in a bullying incident that took place at _____.
Location

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

BULLYING VERIFIED?☐ **YES**☐ **NO**

If yes, we have taken appropriate disciplinary action and measures to assure your student's well-being.

Please contact me directly if you have questions about this information. I can be reached at

_____.
Telephone Number

Sincerely,

_____, Principal

Review/Revised:7/23/12

Student Drug Testing Procedures

These procedures apply to all students choosing to participate in any extracurricular activity, including students/players at the varsity level, sub varsity level, and students who drive and/or part on school property.

DRUG TESTING PROCEDURES

1. Prior to trying out and/or joining an extracurricular team and/or activity, including athletics, or prior to being authorized to drive and/or park on school property, the student participant and/or driver and his/parent (if the student is under 18) must read Policy 09.423 (Use of Alcohol, Drugs and Other Controlled Substances) and must acknowledge in writing, that they have read the policy and procedures, understand the policy and procedures, and agree to be bound by the terms and conditions contained in the policy and procedures. The student participant or driver and his/her parent/guardian (if the student is under 18) must also sign the “Student and Parent/guardian Consent to Perform Urinalysis for drug Testing Form” before the student will be permitted to try out and/or join any athletic team and/or extracurricular activity at the middle or high school level, or be authorized to drive and/or park on school property.
2. Prior to giving a urine specimen, each student participant or driver shall complete both a “Medical History Form” (which shall include disclosure of all prescription drugs currently taken) and a “Consent to Test and Chain of Custody” form. The forms shall identify the student participant or driver only by a confidential number and shall be placed in a sealed package, which shall be forwarded to the testing laboratory with the urine specimen.
3. Testing shall be done at the following times: all student participants shall be subject to random testing at any time between the student’s selection to the extracurricular team and/or activity and the date of the last game of the season for the athletic team or the date of the last extracurricular meeting and/or activity of the school year. Student drivers shall be subject to random testing at any time of the school year or for however long they choose to drive and/or park on school property.
4. The collection of urine specimen for the random testing shall be conducted on the school campus.
5. The testing laboratory approved by the Board shall determine which student participants and/or drivers are to be tested by the random drawing of names from all student participants and drivers. The names of students covered under this policy will be randomly selected for testing with a total of ten percent (10%) of covered students being selected for testing five (5) times per year. A student’s name will only be subject to being selected during the duration of the student’s participation in a covered activity. A student who participates in more than one activity will have no greater chance of being selected at any time than a student who participates in only one activity.

Student Drug Testing Procedures**DRUG TESTING PROCEDURES (CONTINUED)**

6. Collection procedures for urine specimen shall be developed, maintained, and administered by the testing laboratory in an effort to minimize any intrusion or embarrassment for each student, to ensure the proper identification of students and the student's specimen, to minimize the likelihood of the adulteration of a urine specimen, and to maintain complete confidentiality of test results. To that end, the procedure will require:
 - a. The presence of a sponsor, coach, staff member, principal, and/or assistant principal immediately prior to the collection process to ensure proper student identification.
 - b. The presence of one (1) or more representatives of the testing laboratory when the specimen is taken.
 - c. The testing laboratory shall provide each student present for the collection process a receptacle for the collection of urine.
 - d. Immediately prior to entering the private bathroom facility utilized for the collection process, the student shall be required to leave all personal belongings (including jackets, purses, book bags, pocket contents, etc.) in the custody of the school representatives present for student identification.
 - e. Prior to entering the private bathroom facility utilized for the collection process, the testing laboratory shall treat water in the bathroom facility with a coloring substance (frequently referred to by testing laboratories as "bluing the water") to prevent a student from attempting to dilute or otherwise adulterate the urine specimen.
7. All scientific analyses of the collected specimen shall be conducted by the professional testing laboratory. The laboratory contracted to provide the drug testing shall comply with federal Department of Transportation standards. The specific procedures utilized by the laboratory will be contained in the policy and procedures manual of the laboratory and/or in the contract between the School District and the laboratory. The laboratory will follow federal Department of Transportation procedures for preparation for testing, chain of custody, security, privacy, integrity, and identity of specimen, and any necessary transportation to a laboratory. *See* 49 C.F.R. Part 40, 40.23 and 40.25.
8. A portion of each urine specimen given by each student participant and/or driver shall be preserved by the testing laboratory for at least six (6) months.
9. Written confirmation of all test results shall be forwarded by the testing laboratory to the Drug Coordinator, who shall provide the results (negative and/or positive) to the principal. In case of a positive result, the principal will report the results to the sponsor, coach, staff member, etc., and the parent/guardian of the student tested, if the student is under the age of 18. The testing laboratory shall not provide the test results verbally.

Student Drug Testing Procedures**DRUG TESTING PROCEDURES (Continued)**

10. In the event that a student participant's or driver's urine specimen produces a positive result, the principal and the sponsor shall meet with the student participant or driver, and the student's parent/guardian, if the student is under the age of 18, to disclose and discuss the test results and the consequences set forth by policy.
11. The final determination of the student participant's or driver's eligibility shall be made at the school level by the principal.
12. One (1) year after the student turns 18 years of age, or one (1) year after the student's graduation, whichever is later, all records in regard to this policy concerning each student participant or driver shall be destroyed, and at no time shall these records be placed in the student's academic file or be voluntarily turned over to any law enforcement agency, or used for any purpose other than those stated herein in the absence of a court order or subpoena to the contrary, or unless requested, in writing, by the student or his/her parents (if the student is under 18).

I hereby acknowledge that I have read policy 09.423, Use of Alcohol, Drugs and other Prohibited Substances, and procedure 09.423 AP.1, Student Drug Testing Procedures, that I understand the both, and that I agree to be bound by the terms and conditions contained in the policy and procedure.

School (Please Print)

Parent/Guardian's Name (Please Print)

Parent/Guardian's Signature

Date

Student's Name (Please Print)

Student's Signature

Date

Review/Revised:6/22/09

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 _____	Sex ____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	
Name of Parent/Legal Guardian _____			

[illegible]

☐ Chemical evaluated ☐ Chemical not evaluated

ACTION TAKEN	
1	1. The Board of Directors shall review the findings of the audit and determine the appropriate actions to be taken to address the identified issues.
2	2. The Board of Directors shall approve the implementation of the corrective actions and monitor the progress of the same.
3	3. The Board of Directors shall ensure that the corrective actions are implemented in a timely and effective manner.
4	4. The Board of Directors shall ensure that the corrective actions are communicated to all relevant personnel.
5	5. The Board of Directors shall ensure that the corrective actions are documented and reported to the appropriate regulatory authorities.
6	6. The Board of Directors shall ensure that the corrective actions are reviewed and evaluated for effectiveness.
7	7. The Board of Directors shall ensure that the corrective actions are integrated into the company's risk management framework.
8	8. The Board of Directors shall ensure that the corrective actions are consistent with the company's values and mission statement.
9	9. The Board of Directors shall ensure that the corrective actions are consistent with applicable laws and regulations.
10	10. The Board of Directors shall ensure that the corrective actions are consistent with the company's internal controls.

- ☐ Family contacted Date _____
☐ Student Assistance Counselor contacted Date _____
☐ Law enforcement contacted Date _____
☐ Detention (days) _____ ☐ before school ☐ after school ☐ Saturdays
☐ Suspension (days) _____ ☐ in school ☐ out of school ☐ student activities
☐ Expulsion Term of expulsion _____
☐ Placement in alternate setting Date _____
☐ Parent Conference Date _____ Outcome _____
☐ Other, specify _____

RECOMMENDATIONS

- ☐ Counseling ☐ in school ☐ out-of-school
- ☐ Referral of student/family to Family Resource/Youth Service Center
- ☐ Referral to outside agency Name of Agency _____
- ☐ Other, explain _____

Student's Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Superintendent/designee _____ Date _____

- ☐ Violation/Referral Form Mailed Return Receipt Requested Date _____

Review/Revised:6/22/09

Drug Testing Consent Forms**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING
DRIVER**

School (Please Print) _____

Student Driver Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Gallatin County School Board Policy 09.423 dealing with *Use of Alcohol, Drugs and Other Controlled Substances for athletes/drivers*. I desire that _____ should be permitted to drive to school and use school parking facilities and I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of Board policy 09.423 for as long as s/he exercises driving privileges. On behalf of _____ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Gallatin County Board Policy 09.423.

Student Driver Name _____ Date _____

Parent/Guardian _____ Date _____

Drug Testing Consent Forms**STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING
ATHLETE/EXTRA CURRICULAR ACTIVITY PARTICIPANT**

School (Please Print) _____

Student Athlete Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Gallatin County School Board Policy 09.423 dealing with *Use of Alcohol, Drug and other Controlled Substances for athletes/drivers*. I desire that _____ should be permitted to participate in the following athletic/extracurricular activity or activities: _____

and I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of Board policy 09.423 for as long as s/he participates in a covered activity. On behalf of _____ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Gallatin County Board Policy 09.423.

Student Athlete Name _____ Date _____

Parent/Guardian _____ Date _____

Review/Revised:6/22/09

Record of Removal

An employee who removes a student, or causes a student to be removed, from a classroom setting or District transportation system shall complete and submit this form to the Principal/designee as soon as practicable following the removal.

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School _____	Grade (if known) _____	Date of Removal _____	
Classroom/District vehicle from which the student was removed: _____			
Site to which the student was removed: _____			
Employee who removed the student: _____			
Position: _____			

CAUSE(S) FOR REMOVAL

- ☐ Threatening behavior, such as verbal or written statements or gestures by the student indicating intent to harm themselves, others or property.

Describe (*Use additional sheet(s) if necessary.*):

- ☐ Violent behavior, such as a physical attack by the student so as to intentionally inflict harm to himself/herself, others or property.

Describe (*Use additional sheet(s) if necessary.*):

WITNESS(ES) (*Use additional sheet(s) if necessary.*)

_____ <i>Name</i>	_____ <i>Note if student/employee/other (specify)</i>
----------------------	--

_____ <i>Name</i>	_____ <i>Note if student/employee/other (specify)</i>
----------------------	--

_____ <i>Employee's Signature</i>	_____ <i>Date</i>
--------------------------------------	----------------------

Review/Revised:6/22/09

Assault and Threats of Violence - Notice of Penalties and Provisions

[KRS 158.1559](#) requires written notice to all students, parents and guardians of students within ten (10) days of the first instructional day of the school of the provisions of [KRS 508.078](#) (making it a crime to make the described threats against school-affiliated persons and persons lawfully on school property or against school operations). In compliance with this requirement, the text of [KRS 508.078](#) is set forth below. Please be advised that there are serious penalties for this second degree terroristic threatening offense. Potential penalties upon conviction of this Class D felony include a term of imprisonment of not less than one (1) year nor more than five (5) years and a fine of not less than one thousand (\$1,000) and not greater than ten thousand (\$10,000) as provided in [KRS 532.060](#) and [KRS 532.030](#), respectively. In addition, a court in a juvenile case dealing with charges based on bomb threats or other criminal threats that disrupt school operations may order the child or his parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders ([KRS 635.060](#)).

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE)

1. A person is guilty of terroristic threatening in the second degree when, other than as provided in [KRS 508.075](#), he or she intentionally:
 - a) With respect to a school function, threatens to commit any act likely to result in death or serious physical injury to any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons or at a school does not need to identify a specific person or persons or school in order for a violation of this section to occur;
 - b) Makes false statements by any means, including by electronic communication, for the purpose of:
 1. Causing evacuation of a school building, school property, or school sanctioned activity;
 2. Causing cancellation of school classes or school sanctioned activity; or
 3. Creating fear of serious bodily harm among students, parents, or school personnel;
 - c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in [KRS 508.075](#); or
 - d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in [KRS 508.075](#).

Assault and Threats of Violence - Notice of Penalties and Provisions

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE) (CONTINUED)

2. A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in [KRS 522.010](#).
3. A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.
4. Terroristic threatening in the second degree is a Class D felony.

PRINCIPAL'S SIGNATURE: _____ DATE: _____

Review/Revised:7/16/2019

Disrupting the Educational Process

The following procedures shall be used when an individual or a group is disrupting the educational process:

1. The Principal/designee shall notify the Superintendent, as appropriate.
2. The Principal and staff shall make every effort to keep the disturbance isolated and keep uninvolved students from the scene.
3. A staff member should accompany the Principal/designee to the area in which the disturbance is occurring. If the students involved do not respond to the Principal's directions, the staff member is to telephone for additional staff assistance or for the police as directed by the Principal.
4. School schedules and operations shall be maintained at a normal level.
5. Teachers shall continue normal classroom activities unless otherwise instructed.
6. Teachers shall not permit students to leave the room; however, teachers should not try to physically restrain students from leaving the room.
7. The staff shall avoid physical involvement except for self-protection or protection of students.
8. The staff shall cooperate with the Principal and shall identify those involved in the disruption.
9. Normal disciplinary action shall be administered to those involved in the disturbance.

Review/Revised:6/22/09

Grievance Procedures

Students wishing to initiate a harassment/discrimination complaint should use Procedure 09.42811 AP.2.

CONDITIONS

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have not more than two (2) representatives.
4. All attendant records shall be filed in the office of the Principal and/or Superintendent and shall be considered private information and separate from the student's educational records. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved student because of the filing of a grievance.

TIME LIMITS

1. Students or their parents must file their grievance within fifteen (15) school days following the alleged violation. However, depending on the nature of the grievance, the Superintendent may recommend an extension of the filing deadline to twenty (20) school days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be school days.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) school days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

PRINCIPAL'S/SCHOOL COUNCIL'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Principal, thus bypassing the teacher or other employee. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Principal.
2. The Principal reserves the right to redirect the communicator to the appropriate level and/or consult with the council, as appropriate.

SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Superintendent, thus bypassing the Principal. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Superintendent.
2. The Superintendent reserves the right to redirect the communicator to the appropriate level.

Grievance Procedures**BOARD OF EDUCATION'S INVOLVEMENT**

1. If the student, after reviewing the Superintendent's response, desires direct communication with the Board of Education, the student may present his/her written communication to the Superintendent for transmittal to the Board of Education or notify the Superintendent ten (10) school days prior to the meeting of the Board at which the student wishes the grievance presented. Students contacting Board members individually about a grievance shall be advised to communicate with the entire Board.
2. If the Board decides to review the grievance, the student will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the student's communication. If the student does not wish to make a verbal presentation, the student's right to refrain from such activity will be respected.
3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.
4. The Board of Education will consider the grievance and will provide the student a written response within ten (10) school days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

NOTE:

- Students/parents wishing to initiate a complaint about a Title I issue should refer to Procedure 08.13451 AP.1.

RELATED PROCEDURES:

08.13451 AP.1
09.42811 AP.2

Review/Revised:8/11/2015

Grievance Initiation Form (Students)

This form provides the opportunity for a student to question the application of a Board policy or administrative rule or procedure and to secure at the lowest administrative level an equitable and prompt resolution.

STUDENT GRIEVANT

Student Name _____ Date _____

Home Address _____ Phone _____

School _____ Grade Level _____

GRIEVANCE

Identify the policy, rule, or procedure whose application is at issue. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Student's Signature

Date

LEVEL ONE: CLASSROOM TEACHER

Name: _____

Date grievance received at this level _____

CLASSROOM TEACHER'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Classroom Teacher's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

Grievance Initiation Form (Students)

BOARD POLICY ALLOWS FOR APPEAL OF THE CLASSROOM TEACHER'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE CLASSROOM TEACHER IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: PRINCIPAL OR PRINCIPAL'S DESIGNEE

Name: _____

Date grievance received at this level _____

PRINCIPAL/PRINCIPAL'S DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Principal's/Designee's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE PRINCIPAL/DESIGNEE'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL/DESIGNEE IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL THREE: SCHOOL COUNCIL, IF APPROPRIATE

Name: _____

Date grievance received at this level _____

RESPONSE OF SCHOOL COUNCIL (USE ADDITIONAL SHEET IF NECESSARY.)

School Council Chairperson's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SCHOOL COUNCIL'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SCHOOL COUNCIL IS AN ALLEGED PARTY IN THE COMPLAINT.

Grievance Initiation Form (Students)

LEVEL FOUR: SUPERINTENDENT/DESIGNEE

Name: _____

Date grievance received at this level _____

SUPERINTENDENT/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Superintendent's/Designee's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS CONSTITUTIONAL, STATUTORY, REGULATORY, OR OTHER POLICY APPLICATION OR DEMOTION UNDER [KRS 161.765](#).

LEVEL FIVE: BOARD OF EDUCATION

Date grievance received at this level _____

BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Board Chairperson's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Review/Revised:8/11/2015

Notice to Individuals Complaining of Harassment/Discrimination

The District prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the District's policy is attached for your information. Please be aware of the following provisions:

The District's Title IX/Equity Coordinator is _____. If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

Address

Telephone Number

The District will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a District administrator or other individual with specific training and/or experience in this area. If you have any questions for the District's investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the District with information and documentation concerning the alleged improper conduct; (b) advise the District of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in District policy.

The District is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the District to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The District will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The District is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the District being able to fulfill its commitment to eliminate harassment/discrimination.

District employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the District will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the District to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the District may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a District administrator.

Notice to Individuals Complaining of Harassment/Discrimination

The District will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the District should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a District administrator immediately. If you are not satisfied with the District's response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515
100 Penn Square East
Philadelphia, PA 19107

Review/Revised:6/22/09

Harassment/Discrimination Reporting Form

This form provides the opportunity for a student or parent to report violation(s) of Board Policy 09.42811 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board Policy 09.42811 and shall be used to document all complaints, whether addressed informally or formally.

Student's Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Student's Address _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
School _____	Grade _____	Homeroom/Classroom _____	
Name of Parent/Guardian _____		Daytime Phone # _____	

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident (s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability

☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position (if employee): _____ Grade (if student): _____ Other (specify) _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

LIST ANY WITNESSES TO THESE EVENTS: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

_____ <i>Signature of Student</i>	_____ <i>Date</i>
_____ <i>Signature of Parent/Guardian (not required)</i>	_____ <i>Date</i>
_____ <i>Received by</i>	_____ <i>Date</i>

NOTE:

- Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

Review/Revised:8/11/2015

Harassment/Discrimination Investigation and Appeals**(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)**

STUDENT COMPLAINANT _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL _____ GRADE _____ HOMEROOM/CLASSROOM _____		

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No Date: _____ Facilitator _____**FORMAL PROCEDURE**

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify the alleged victim's Principal.

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the District's Policy 09.42811 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

Harassment/Discrimination Investigation and Appeals**CORRECTIVE ACTION**

If corrective action is needed, the investigator shall recommend to the Superintendent/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

STUDENT COMPLAINANT _____			
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL _____	GRADE _____	HOMEROOM/CLASSROOM _____	

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

Date appeal and related data received by Superintendent/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF THE STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

Harassment/Discrimination Investigation and Appeals**SECOND APPEAL LEVEL****STUDENT COMPLAINANT** _____*Last Name**First Name**Middle Initial***STUDENT'S SCHOOL** _____**GRADE** _____**HOMEROOM/CLASSROOM** _____**ALLEGED HARASSER/DISCRIMINATING PARTY:** _____

Board Chairperson: _____

Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

Review/Revised:8/11/2015

Witness Disclosure Form

Witness' Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Witness' Address _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Witness' Phone Number _____			
Is witness a <input type="checkbox"/> student, <input type="checkbox"/> school employee, or <input type="checkbox"/> other? If other, specify _____			
School (if a student): _____ Grade _____ Homeroom/Classroom _____			
Witness' relationship, if any, to the complainant: _____			
Witness' relationship, if any, to the accused: _____			

On the date(s) of _____, a student has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e. slurs, threats, demands, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.) _____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____

- *I understand that Board policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

Signature of Witness

Date

Received by

Date

Review/Revised:6/22/09

Resolution Response

This completed form shall be provided to both the complainant and the accused party.

STUDENT COMPLAINANT _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
ACCUSED PARTY _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
SCHOOL _____			
COMPLAINT/APPEAL RECEIVED _____		RESPONSE DELIVERED _____	
<i>Date</i>		<i>Date</i>	
INVESTIGATOR'S NAME _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution will be implemented by the District? (Check all that apply.)

- ☐ Personnel action
 ☐ Measures to protect the complainant
☐ Action against a visitor
 ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

Investigator's Signature *Date*

Superintendent/designee's Signature *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE OR STUDENT BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES BOARD POLICY.

Review/Revised:7/26/10

Threat Assessment Team Procedures

The following procedures cover threat assessment teams, in conjunction with any District-selected threat assessment guidelines and forms, to identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security.

THREAT ASSESSMENT TEAM PLANNING AND PREPARATION

The following actions are recommended prior to undertaking a threat assessment:

1. Guidelines and forms to facilitate threat assessments undertaken by a threat assessment team will be developed or utilized by or with the assistance of the District School Safety Coordinator (SSC) to assist teams in defining behaviors that will indicate if and when a threat assessment is advisable.
2. The SSC job functions will include providing input and assisting, teams in assessing identified, potential threats and determining appropriate responses to the threats. Under the supervision of the Principal and Superintendent/designee, the District SSC will recommend, arrange for, or provide training for the team.
3. The Superintendent/designee shall determine if and when a parent or guardian will be notified that their student has been identified by a team as exhibiting behavior that indicates a potential threat to school safety or school security and that needs to be assessed by the team.
4. The team's activities will include notification, as appropriate considering relevant circumstances, to a potential target of behavior deemed to present a substantiated potential threat.

IDENTIFICATION OF A POTENTIAL THREAT

The threat assessment team, utilizing available data and exercising reasonable discretion to assess student behavior, shall identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security. The process shall not use a profile of characteristics to identify a threat, and should be calculated to take into consideration behaviors, statements, or other communications to identify a potential threat to school safety and school security as follows:

1. Any team member receiving information indicating a potential threat to school safety and school security shall notify:
 - a. The District SSC;
 - b. The rest of the team; and
 - c. The team for any additional schools of the District potentially involved in the identified threat.
2. The District SSC shall appropriately notify any other District SSC for other school Districts identified in the threat or during the threat assessment process, as well as the leader of any non-public school identified in a threat or during the threat assessment process.

Threat Assessment Team Procedures**ASSESSMENT OF A POTENTIAL THREAT**

Upon identification of a potential threat, the team shall undertake the threat assessment:

1. In accordance with Board policy;
2. Informed by guidelines and applicable forms as described above; and
3. Giving consideration to applicable circumstances regarding the identified student and the behaviors giving rise to his/her identification.

POST-ASSESSMENT RESPONSE

The team shall consider all information gathered during the assessment to determine the type of response that is appropriate to address school safety and school security, and to address the needs of students identified during assessment of the threat. The team shall document the response it takes, as well as all communication from the team and other school staff with students identified during the threat assessment and their parents or guardians relating to the assessment and any resulting response.

ONGOING REVIEW OF THREAT ASSESSMENT PROCESS

The District SSC and the Superintendent shall review the work of each threat assessment team of the District, and make efforts to improve the work of all teams, and adherence to Board policy goals, and legal requirements.

Review/Revised:7/16/2019

Juvenile Court Records**RECEIPT BY PRINCIPAL**

When the Principal receives juvenile court records or other information as permitted by KRS 610.345, s/he shall ascertain that the student named in the confidential record is currently enrolled in his/her school.

The Principal receiving this information shall retain the information in a locked file. Records or information disclosed to the Principal pursuant to this procedure shall not be disclosed to any other person, including school personnel, except the following:

1. School administrative, transportation, and counseling personnel,
2. Any teacher to whose class the student has been assigned,
3. Any school employee with whom the student may come in contact, or
4. Others as may be permitted by law.

The Principal is required by law to release the information to employees of the school having responsibility for classroom instruction or counseling of the child.

Those persons receiving this confidential information shall sign a confidentiality statement (09.43 AP.22).

STUDENTS NOT ENROLLED IN THE SCHOOL

If the juvenile is not currently enrolled in the school, the Principal shall return the records to the court and notify the clerk that the child is not enrolled.

In addition, the Principal shall return the records to the court and notify the clerk if the juvenile is changing school assignment within the District, transferring to a school in another district, graduating, or withdrawing from school.

RELATED PROCEDURES:

09.14 AP section
09.43 AP.22

Review/Revised:6/22/09

Teacher Report of Student Conduct

Date: _____

To: _____

Principal's Name

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 _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Teacher/Classroom _____	

STATEMENT OF MISCONDUCT: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for discipline including, but not limited to, assignment to an alternative classroom setting.

Incident reported by: _____ on _____ at approximately ____ ☐ AM ☐ PMIncident investigated by: _____ on _____ at approximately ____ ☐ AM ☐ PM_____
*Signature of Teacher*_____
Date

DISCIPLINARY ACTION TAKEN:

The above disciplinary action shall begin on _____

The above disciplinary action shall end on _____

*Signature of Principal/Designee*_____
Date

Review/Revised:6/22/09

Juvenile Court Records Confidentiality Statement

THIS FORM SHALL BE SIGNED ANNUALLY BY ALL SCHOOL PERSONNEL WITH WHOM JUVENILE COURT INFORMATION MAY BE SHARED.

I understand that all information related to me by the Principal or received from any other source concerning any juvenile court proceeding or records is to be held in strictest confidence and that the law prohibits me from passing such information along to any other individual.

I also understand that the law prohibits me from punishing a student in any way based upon information concerning the student's juvenile court proceedings or records, whether received from the Principal or from any other source, inside or outside the school.

I further understand that the law prohibits me from obtaining or attempting to obtain information contained in juvenile court records in this state, unless I obtain a court order to do so.

District Employee's Signature

Date

Employee is ☐ Principal ☐ Teacher ☐ Counselor ☐ Other (specify) _____.

RELATED PROCEDURES:

09.12 AP.1

Review/Revised:6/22/09

Notification to Parent of Detention/Friday School

Date

Dear Parent/Guardian:

In compliance with Policy 09.432, I have assigned _____
*Student's Name*to ☐ detention ☐ Friday School on _____ for misconduct.
Date

This disciplinary action has been made following a referral and conference with the student. We are notifying you in advance so that transportation arrangements may be made. Your child will need to be picked up at _____. The detention/Friday School room shall be
Time

properly supervised by school personnel.

The student's failure to serve detention or Friday School may result in additional disciplinary measures.

If you have questions or transportation concerns, please call me at school.

Sincerely,

Principal/Designee's Signature

Review/Revised:6/22/09

Notice of Suspension

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 _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

To: _____

Name of Parent/Guardian *Date*

STATEMENT OF REASONS FOR SUSPENSION: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for suspension. _____

Incident reported by: _____ on _____ at approximately _____ ☐ AM ☐ PM

Incident investigated by: _____ on _____ at approximately _____ ☐ AM ☐ PM

This student has a disability under ☐ Section 504 ☐ IDEA (Individuals with Disabilities Act).

School officials have determined that this offense ☐ does ☐ does not warrant a recommendation for expulsion.

SUSPENSION SHALL BE ASSIGNED AS FOLLOWS:

The suspension shall start on _____ ☐ AM ☐ PM

The suspension shall end on _____ ☐ AM ☐ PM

NOTE: If the day of suspension is not an actual school day (snow, ice, etc.), the day of suspension automatically extends to the next day school is in session. In the event a student acts in such a manner as to warrant expulsion, the Principal may suspend the student for up to the maximum number of days permitted by policy 09.434. In such cases, the Principal shall then request the Superintendent to institute expulsion proceedings and notify the parent/guardian within 24 hours of their child's suspension to be followed by this written notice. Should the Superintendent decide to pursue expulsion, s/he shall provide the student and his/her parents with written notice of the specific acts committed by the student that constitute probable cause for expulsion and citing these acts as the reasons for the suspension imposed by the Principal.

Signature of Principal/Designee *Date*

DUE PROCESS

Due process was afforded as evidenced by ☐ oral ☐ written notice of the charges. If the student denied the charges, s/he was given the opportunity to present his/her version and these comments ☐ are ☐ are not on file. The parent should call to schedule a conference that is a prerequisite to readmission.

Review/Revised:6/22/09

Alternative Education

Procedures concerning alternative school may be found in the District Wildcat Academy Policies and Procedures Manual.

Review/Revised:2/10/14

Student Hearing Notice

Date _____

Dear _____,

Name of Parent/Guardian

This letter is your official notice that the Board of Education has scheduled a hearing to consider expulsion of (*student's name*) _____.

The hearing will be held immediately following the Board meeting scheduled at (*time*) _____ on (*date*) _____ in the Board office at (*address*) _____. Please be present no later than (*time*) _____.

The specific charge(s) against your son/daughter is _____. Information related to the charge (s) is enclosed.

The pupil and/or his/her parents, legal guardian, or others on his/her behalf shall be given the opportunity to present oral or written testimony at the hearing. You may be represented by an attorney and present witnesses if you so desire.

Please plan to be present at this hearing.

Sincerely,

Superintendent/Designee's Signature

Review/Revised:6/22/09

Disciplinary Hearing Form

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 _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

DATE	NATURE OF INCIDENT	NAME(S) OF WITNESSES	ACTION TAKEN

Attach all other supporting information to this form—i.e., statement of witnesses, background of student, etc.

Review/Revised:6/22/09

Expulsion Notice

Date _____

Dear _____,

Name of Parent/Guardian

The Board of Education met on (*date*) _____ at which time it made the following decision:

- ☐ Because the Board found there was clear and convincing evidence that the student posed a safety threat to other students/staff of the school District, the decision was made to expel (*student's name*) _____ from all schools and school activities under the control of the District beginning _____

Date

and ending _____.

Date

- ☐ The decision was made to remove the student from the regular classroom setting, but continue to provide educational services in the following setting: _____ and time period: _____ from _____ to _____. If conditions apply in order for educational services to continue, we have attached a copy of those conditions to this letter.

We regret the necessity of this action.

Please be assured of our desire for all children to receive an education, and feel free to contact this office for assistance in school-related matters.

Sincerely,

Superintendent/Designee's Signature

Review/Revised:6/22/09

Record of Student Arrest at School

This form shall be kept in the school office, and a duplicate copy shall be forwarded to the Central Office.

Student's Name _____			
<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____			
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Student's Age _____	Date of Birth _____	Student's Phone Number _____	
School _____	Grade _____	Teacher/Classroom _____	
Date of Arrest _____			

LAW ENFORCEMENT AGENCY: (Check one)

☐ City Police ☐ County Sheriff ☐ Kentucky State Police ☐ Other: _____

ARRESTING OFFICER: _____

NATURE OF THE OFFENSE CHARGED: _____

ISSUING AUTHORITY OF ARREST WARRANT: _____

PLACE OF CUSTODY: _____

PARENTS NOTIFIED BY: _____ at: _____ on _____
Employee Time Date

NOTE: If a student is an alleged victim of abuse or neglect, 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
Review/Revised:6/20/2017

Reporting of Code Violations

Students wishing to report bullying or other violation of the Code of Acceptable Behavior and Discipline may report it to a classroom teacher, who shall take appropriate action as defined by the code. The teacher shall refer the report to the Principal/designee for further action when the report involves an offense that may warrant suspension or expulsion of a student, any felony offense, or a report that may be required by law, including reports to law enforcement.

RETALIATION PROHIBITED

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

Review/Revised:7/19/2016

Parent Notification of Code Violation_____
Date

Dear parent/guardian,

On _____, your child, _____
Date *Student's Name*was involved in a serious incident, which took place at _____.
Location

At this time, the following information has been reported to me concerning the incident:

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

Please contact me directly if you have questions about this information. I can be reached at _____.
Telephone Number

Sincerely,

_____, Principal

RETALIATION PROHIBITED

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

FOR SCHOOL USE ONLY

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

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

If bullying is related to a federally protected harassment/discrimination area, see Policy 09.42811 and related procedures.

Review/Revised:7/19/2016