

KSBA Procedure Service

2020 Procedure Update (#24) Checklist

District: Spencer County Schools

To enable KSBA to track and store your District's administrative procedures in our procedure database, please indicate below what decision you have made on the proposed new/revised procedures enclosed for your review. We will forward printed or reproducible copies of the procedures when we receive this form and update your online manual if you belong to that service.

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
01.3 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.3 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.121 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.312 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Procedure to remain active	<input type="checkbox"/>	<input type="checkbox"/>
06.221 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.232	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.227 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.425 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.6 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.6 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.121 AP.212	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.221 AP.212	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.125 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.225 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.31 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.31 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

*Please attach a copy of the modified policy. DO NOT RETYPE A DRAFT - simply indicate the district-initiated changes by writing in colored ink, circling, highlighting, etc.

 Superintendent's Signature

 Date

Please return this completed form to KSBA at your earliest opportunity.
 Please contact your KSBA Consultant IF you need KSBA to completely reprint all policy pages or to order additional new manuals, instead of just getting copies of the updated policies.

EXPLANATION: SB 158 AMENDS KRS 160.1594 TO PROVIDE THAT CHARTER AUTHORIZER TRAINING SHALL NOT BE REQUIRED OF ANY BOARD MEMBER UNTIL A CHARTER APPLICATION IS SUBMITTED TO THE BOARD, AND SETS THE REQUIREMENT AT SIX (6) HOURS.
FINANCIAL IMPLICATIONS: FEWER HOURS REQUIRED MAY REDUCE TRAINING COSTS

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT A VACANCY EXISTS:

Date: _____

To Whom it May Concern:

A vacancy exists on the _____ Board of Education, as of _____,¹ in the seat [Division # ____ (*for county school systems*) or the District at large (*for independent school systems*)] formerly held by _____. The unexpired term for this seat is set to end on _____. The Board will proceed to appoint an individual to fill this seat for the unexpired term pursuant to KRS 160.190 and Board Policy 01.3.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601

County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

REFERENCE:

¹OAG 81-316

Board Vacancy Forms

SAMPLE NEWSPAPER ADVERTISEMENT ANNOUNCING A BOARD VACANCY

NOTICE OF VACANT _____ BOARD OF EDUCATION SEAT

The _____ Board of Education ("Board") is seeking applications for appointment to fill a vacancy on the Board representing seat [Division # _____ (*for county school systems*) or the District at large (*for independent school systems*)]. This appointment will be effective until the November _____ regular election (use if the next November regular election is scheduled more than one [1] year prior to end of the remaining term) or the end of the term in _____ (use if the next November regular election is scheduled one [1] year or less prior to end of remaining term).

Responsibilities include: setting policy to govern the District; hiring/evaluating the Superintendent; and levying taxes and adopting the District budget. Board members must:

- Be at least 24 years old and a Kentucky citizen for the last three years;
- Be a registered voter in the particular District of the vacancy;
- Have completed the 12th grade or have a GED certificate;
- Meet all other legal qualifications (KRS 160.180); and
- Complete required annual in-service training.

Applications are available at _____ or online at _____.
Mail applications to: Superintendent, ATTN: Board Vacancy,
_____, KY _____.

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2
(CONTINUED)

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT VACANCY HAS BEEN FILLED BY THE BOARD:

Date: _____

To Whom it May Concern:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed _____ to fill the vacancy created on _____ in the seat [Division # _____ (*for county school systems*) or the District at large (*for independent school systems*)] formerly held by _____.

The appointment is effective immediately. _____'s address is _____

and email address is _____.

The term for this appointment will end on _____.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2
(CONTINUED)

Board Vacancy Forms

FORM LETTER TO NEWLY APPOINTED MEMBER, ON DISTRICT LETTERHEAD:

Date: _____

Mr./Ms. _____

_____, KY _____

Dear Mr./Ms. _____:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed you to fill the vacancy created on _____ in the seat [Division # _____ (for county school systems) or the District at large (for independent school systems) formerly held by _____. The appointment is effective immediately. Upon being duly sworn in, you may assume the duties of the office.

The term of this appointment is set to end _____. Pursuant to KRS 160.190, this seat will be open to election in the November _____ general election. The _____ County Clerk should be consulted for election and candidacy filing information regarding this seat.

All new local Board of Education members must receive a minimum of twelve (12) hours of in-service training annually, per KRS 160.180 and 702 KAR 1:115, on a calendar year basis. These hours shall include certain mandated topics of ethics, finance, and Superintendent evaluation, as well as on various other topics such as Board member roles and responsibilities, and the Board's role in student achievement. Additionally, when the Board, or a collaborative of local school boards including the Board, receives a charter school application, any member of the Board or boards who has not received charter authorization training within twelve (12) months immediately preceding the date the application was received shall receive six (6) hours of in-service training prior to evaluating the charter application~~per 701 KAR 8:020, local Board members are required to complete twelve (12) hours of in-service training annually in their capacity as charter school authorizers. This requirement is separate from, and in addition to, the training required by KRS 160.180, but certain hours may count towards both requirements.~~ Depending on the date of appointment, special provisions may apply.

The Kentucky School Boards Association (KSBA) provides local Board member in-service training, and maintains the legal records relating to required Board member training completion. KSBA makes efforts to offer training courses that will meet legal requirements for both general training and charter authorizer training. KSBA will contact you soon to begin scheduling training for the current calendar year. You may contact KSBA by calling 1-800-372-2962.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601

County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2
(CONTINUED)

Board Vacancy Forms

RELATED PROCEDURE:

01.3 AP.21

EXPLANATION: THIS CHANGE CLARIFIES THE QUESTION RELATING TO A POTENTIAL CANDIDATE'S EMPLOYMENT STATUS WITH THE SCHOOL DISTRICT AND MODIFIES A QUESTION ABOUT LONG RANGE BOARD GOALS TO REFLECT THAT APPOINTEES WILL SERVE LESS THAN FOUR (4) YEARS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.21

Application for Board Vacancy

Name of School District: _____			
[Division # ____ (for county school systems) or the District at large (for independent school systems)]			
Name: _____		Birthdate: _____	
Last	First	MI	
Address: _____			
Street or Box #		State	Zip Code
Telephone: _____			
Business		Home	Cell
Email Address: _____			

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? ☐ Yes ☐ No
2. Are you registered to vote in the Division (in the case of a county school District) or District (in the case of an independent school District) you wish to serve? ☐ Yes ☐ No
3. Are you an officer of, or employed by, any city, county, consolidated local government, or other municipality? ☐ Yes ☐ No
If yes, please identify. _____
4. Does the ~~School District~~ ^{city or county} Board where you reside presently employ you? ☐ Yes ☐ No
5. Do you have any relatives employed by the District? ☐ Yes ☐ No
If yes, please indicate their relationship to you:
☐ Brother ☐ Sister ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Father ☐ Mother
☐ Other _____
6. Have you ever been a member of any local Board of Education in Kentucky? ☐ Yes ☐ No
If so, which District _____ and when _____?
7. Do you currently hold any elective federal, state, county, or city office? ☐ Yes ☐ No
If yes, please identify. _____
8. Do you own or are you a stockholder in a business involved in sales or other contracts with the Board or with individual schools of the District? ☐ Yes ☐ No
If yes, please identify. _____
9. Do you work for a company that provides any goods or services to the District or with the individual schools of the District? Do you receive any commissions or other benefits as a result of any contracts or business with the District? ☐ Yes ☐ No
If yes, please describe. _____
10. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? ☐ Yes ☐ No
If yes, please describe. _____

Application for Board Vacancy

11. Do you serve on any county, city, or joint agency government boards? ☐ Yes ☐ No
If yes, please describe. _____
12. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the District, a school in the District, or students of the District? ☐ Yes ☐ No
13. Have you completed at least the twelfth (12th) grade or been issued a High School Equivalency Diploma? ☐ Yes ☐ No
14. Please circle the highest level of formal education you have completed:

GRADE SCHOOL	HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Note: Application must include a transcript evidencing completion of the twelfth (12th) grade, or, if appropriate, the results of a twelfth (12th) grade equivalency examination. ~~A diploma is not acceptable.~~

High School Attended	Address	Dates Attended/Graduated
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College/University Attended	Address	Dates Attended/Degree
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Graduate Schools Attended	Address	Dates Attended/Degree
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15. List schools or school related activities in which you are currently involved or with which you have had previous involvement: _____

16. Work Experience (Please provide employment history and attach current resume.)

a.	Current Employer	Address
	Date of Employment	Duties
b.	Previous Employer	Address
	Date of Employment	Duties
c.	Previous Employer	Address
	Date of Employment	Duties

Application for Board Vacancy

17. Please describe why you are interested in serving on the local Board of Education:

18. Please describe the benefits that you believe strong public schools bring to a community:

Application for Board Vacancy

19. Please describe one (1) goal or objective that you think the local Board of Education should seek to complete during your service on the Board in the next four (4) years:

Note: Board members must complete annual in-service training as required by law.

This application constitutes my letter of intent to seek appointment to the Board under KRS 160.190, and I hereby affirm that to the best of my knowledge the information being submitted on this application and any required attachments thereto is accurate and that I am eligible to be appointed to the Board under law.

Formatted: Indent: Left: 0", First line: 0", Space After: 30 pt, Tab stops: Not at 4.5" + 4.63" + 5.06" + 5.13" + 5.75"

Signature: _____ Date: _____

Application for Board Vacancy

COUNTY CLERK'S CERTIFICATION

RESIDENCE AND VOTER REGISTRATION FOR SCHOOL BOARD APPOINTMENT

COUNTY CLERK: Please complete this form as it applies to the legal residence status of the applicant for school board appointment.

_____ who resides at _____
Name Address

is a resident and registered voter in _____ School District
[Division # ____ (*for county school systems*) or the District at large (*for independent school systems*).]

Certified by: _____

_____ County Clerk's Office Date: _____

NOTE: This form must be completed by the County Clerk and returned to Central Office along with the other four (4) pages of the application.

RELATED PROCEDURE:

01.3 AP.2

EXPLANATION: SB 79 AMENDS KRS 160.380 REPLACING "SUBSTANTIATED" FINDING OF CHILD ABUSE OR NEGLECT WITH "ADMINISTRATIVE" FINDING OF CHILD ABUSE OR NEGLECT.
 FINANCIAL IMPLICATIONS: COST OF PRINTING NEW APPLICATIONS AND STAFF TIME TO TRACK THE STATUS IF REPORT INDICATES SUBSTANTIATED FINDING IS ON APPEAL

PERSONNEL

03.121 AP.22

Employee Checklist

EMPLOYEE'S NAME _____ EMPLOYEE ID# _____

APPLICATION ON FILE

EDUCATION LEVEL

Transcripts

Kentucky Teaching Certification

EMPLOYMENT PAPERWORK/FORMS

FULL-TIME BENEFIT FORMS

Medical Exam/TB Skin Test

Health Insurance

Criminal Records Check

Board Life Insurance

Payroll Information Sheet

State Life Insurance

State & Federal Tax Forms

Health Insurance Checklist

Direct Deposit Forms

I-9 Form

COBRA Letter

Driver's License

Social Security Card

Retirement Forms

AUP/Confidentiality

Letter from Cabinet for Health and Family Services stating that there are no administrative findings of substantiated child abuse or neglect on record (applicants hired on or after April 4, 2018)

EMPLOYMENT HISTORY

SCHOOL YEAR	SCHOOL	POSITION	CONTRACT	SALARY RECORD
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DATE EMPLOYED	RESIGNED	RETIRED	TERMINATED
_____	_____	_____	_____

EXPLANATION: SB 8 AMENDS KRS 158.070 TO CHANGE SUICIDE PREVENTION TRAINING FROM EVERY OTHER YEAR TO EVERY YEAR.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.19 AP.23

District Training Requirements

SCHOOL YEAR:

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Certified Evaluation Training	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Superintendent training program to be completed within two (2) years of taking office	KRS 160.350	02.12			✓	
Council member training required for Principal selection	KRS 160.345	02.4244			✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management		02.3			✓	
Effective January 1, 2020, All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training hours.						
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	KRS 160.345 40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	02.431 03.14/03.24			✓ ✓	
Bloodborne pathogens	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		
Training for Supervisors of Student Teachers	16 KAR 5:040				✓	

PERSONNEL

03.19 AP.23
(CONTINUED)

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Orientation materials for volunteers	KRS 161.048	03.6			✓	
Teacher professional development/learning	KRS 156.095	03.19	✓			
Instructional leader training	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned	KRS 161.044	03.5			✓	
Integrated Pest Management (7a) Certification	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such	KRS 311.667	05.4			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS)	KRS 158.4412	05.4			✓	
School Principal training on procedures for completion of the required school security risk assessment.						
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162	05.411		✓		
Active Shooter Situations	KRS 158.164					
Severe Weather/Tornado drill procedure system.	KRS 156.095	03.19/03.29			✓	
	KRS 158.162	05.42		✓		
	KRS 158.163					
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
Annual in-service school bus driver training	702 KAR 5:030	06.23			✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication and higher order thinking.	KRS 158.6453 (SB 1)		✓			

PERSONNEL

03.19 AP.23
(CONTINUED)

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Grants regarding training for state-funded community education directors	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors	KRS 161.046				✓	
Designated training for School Nutrition Program Directors and food service personnel	702 KAR 6:045 KRS 158.852 7 C.F.R. §210.31 704 KAR 3:285	07.1 07.16			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.		08.132	✓		✓	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Minimum of one (1) hour in-person, live stream, or via video recording every other-year including the recognition of signs and symptoms of possible mental illness. New hires during off year to receive suicide prevention materials to review. [Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]	KRS 156.095, KRS 158.070	09.22			✓	
Training on employee reports of criminal activity	KRS 158.148, KRS 158.154, KRS 158.155, KRS 158.156, KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports	704 KAR 7:160	09.2212		✓	✓	

PERSONNEL

03.19 AP.23
(CONTINUED)District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED		DATE COMPLETED
			CERTIFIED	ALL DESIGNATED	
Personnel training child abuse and neglect prevention, recognition, and reporting	KRS 156.095	09.227	✓	✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports	KRS 160.445, KRS 161.166, KRS 161.185, 702 KAR 7:065	03.1161 03.2141 09.311		✓	
Training for school personnel authorized to give medication	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241		✓	
At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance counselors, and teachers hired after July 1, 2019.	KRS 158.070	09.22		✓	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811		✓	
KDE shall provide technical assistance and training for Response to Intervention upon District request.	KRS 158.305			✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program	704 KAR 19:002	09.4341		✓	
Student discipline code	KRS 158.148, KRS 158.156, KRS 158.444, KRS 525.070, KRS 525.080	09.438		✓	
Intervention and response training on responding to instances of incivility.		10.21		✓	

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky *Records Retention/Public School District Schedule*.

EXPLANATION: REQUIREMENTS FOR SCHOOL ACTIVITY FUNDS HAVE BEEN UPDATED IN THE REVISED ACCOUNTING PROCEDURES FOR KENTUCKY SCHOOL ACTIVITY FUNDS (REDBOOK) ISSUED BY THE KENTUCKY DEPARTMENT OF EDUCATION, WHICH WENT INTO EFFECT AUGUST 2019. SINCE REQUIRED FORMS ARE INCLUDED IN THE REDBOOK THESE FORMS ARE BEING RESCINDED.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

FISCAL MANAGEMENT

04.312 AP.2

Refusal and Release of Proceeds from Fundraiser Activity

Name of Student:	School:
Address:	Grade:
	Fundraiser Activity:
Telephone Number:	Activity/Program/Event:

KRS 158.290 School fundraising activities.

(1) No student shall be compelled to solicit or meet any kind of quota in a fundraising activity. Solicitations by students shall be on a completely voluntary basis and no grade changes or any other sanctions shall be imposed for refusal or failure of a student to engage in any solicitations or other fundraising activity. No public school shall promote or engage in a schoolwide fundraising project without the prior approval of the local board of education.

(2) Nothing in this section shall prohibit student participation in classes in which salesmanship is an integral part of the prescribed curriculum.

Redbook (Incorporated by Reference 702 KAR 3:130)

Fundraising proceeds must benefit the entire group of students involved, regardless of participation in the fundraising activity. There will be no fundraisers tracked by individual students.

By signing below: (1) I have read the above regulations and understand that participation in the fundraising activity is completely voluntary and that all proceeds from the fundraiser are to benefit the entire group of students; (2) I do not want any of the proceeds from this fundraising activity to directly benefit my child; (3) I have signed this refusal and release of proceeds without any inducement or assurance of any nature, and with full appreciation of the benefits of the activity; (4) I have no question regarding the scope or intent of this release; (5) I, as a parent or legal guardian, have the right and authority to enter into this release, and to bind myself, the student, and any other family member, personal representative, assign, heir, trustee, or guardian to the release; (6) I have explained this release to the student, who understands his/her obligations.

Printed Name of Parent _____ Signature _____ Date _____

As the Student, I understand and agree to this Refusal and Release of Proceeds.

Printed Name of Student _____ Signature _____ Date _____

EXPLANATION: NEW FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) REGULATIONS FOR ALL CDL OPERATORS CALL FOR CONSENTS FROM DRIVERS SO THAT DISTRICTS CAN CONDUCT REQUIRED SEARCHES OF THE CLEARINGHOUSE DATABASE. THIS AP COVERS WRITTEN CONSENT FOR A "LIMITED" INQUIRY AND POSSIBLE CONSEQUENCES OF REFUSAL TO CONSENT TO INQUIRIES MANDATED BY THE CLEARINGHOUSE REGULATION. FINANCIAL IMPLICATIONS: COST OF CLEARINGHOUSE CHECKS

TRANSPORTATION

06.221 AP.2

Drug and Alcohol Testing Notification and General Consent
NOTIFICATION AND GENERAL CONSENT FOR LIMITED QUERIES OF THE
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
DRUG AND ALCOHOL CLEARINGHOUSE

NOTIFICATION

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed a violation or not, the District or the District's Consortium/Third Party Administer (C/TPA) (as applicable) is required to check whether the Clearinghouse has any information about you at the time of employment and annually. When conducting an annual inquiry, the District or C/TPA will request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before the District or C/TPA can request a limited report, your written authorization is required, per 49 CFR 382.701(b). If a limited query reveals that the Clearinghouse has information about you, you will then be asked to log in to the Clearinghouse website within twenty-four (24) hours to grant electronic consent to obtain your full Clearinghouse record. FMCSA will not disclose detailed information without first obtaining additional specific consent from you.

CONSENT AND ACKNOWLEDGEMENT

I, _____, hereby provide consent to the District
(Employee Name - please print)

and the District's Consortium/Third Party Administer (C/TPA) to conduct pre-hiring and annual limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent permits an unlimited number of such queries. My consent is valid from the date shown below until my employment with the District terminates or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the District.

I understand that if I refuse to provide consent to conduct a limited query, or if I refuse to consent to a full query if requested by the District following a limited query, then the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. I also understand that failure to provide cooperation to allow checking of the database as required by law may be grounds for personnel action based on loss of or legal inability to utilize licensure or certification required for the position.

Employee Signature

Date

RELATED POLICY:

03.27

EXPLANATION: HB 312 AMENDS KRS 159.170 AND KRS 158.140 TO ADDRESS SHARING EDUCATIONAL RECORDS INFORMATION RELATING TO CHILDREN PLACED IN FOSTER CARE BETWEEN THE CABINET, OTHER AGENCIES SERVING THE CHILD AT THE BEHEST OF THE CABINET, AND SCHOOL DISTRICTS "IN ACCORDANCE WITH" FERPA. CONSISTENT WITH THE "UNINTERRUPTED SCHOLARS ACT" WHICH AMENDED FERPA IN 2013 TO ALLOW SHARING OF EDUCATIONAL RECORDS WITH REPRESENTATIVES OF STATE WELFARE AGENCIES HAVING ACCESS TO THE AGENCY CASE PLAN AND RESPONSIBLE FOR CARING FOR SUCH CHILDREN, THIS UPDATE MODIFIES THE SUBJECT FORM WITH THE AIM OF OBTAINING CONFIRMATION FROM THE CABINET THAT CHILD PLACING OR CHILD CARE AGENCY/REPRESENTATIVES QUALIFY FOR ACCESS TO EDUCATIONAL RECORDS INFORMATION AS REPRESENTATIVES OF THE CABINET IN THE EVENT SUCH ACCESS IS NEEDED IN CONNECTION WITH PROPER TRANSFER, ENROLLMENT AND EDUCATIONAL PLACEMENT.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.14 AP.232

Release of Records to State Child Welfare Agency

In order to facilitate the proper transfer, enrollment and educational placement of a child placed in foster care, authorized representatives of a child welfare agency (Cabinet for Health and Family Services) who must be authorized to access the child's case plan may be granted access to student records without parental consent 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. This form provides access to student records that may be granted on a confidential basis to a child-caring facility or child-placing agency case manager for the same purposes where Cabinet officials with authorized access as stated above certify in writing that such persons or entities are acting in a representative capacity for the Cabinet, are responsible for care of the child, and are authorized to access the child's case plan. Any persons/agencies receiving access to education records as provided above are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational needs. All applicable information in the below form must be provided/completed.

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 _____

STUDENTS

09.14 AP.232
(CONTINUED)

Release of Records to State Child Welfare Agency

CERTIFICATION REGARDING CHILD CARING OR PLACING AGENCIES (IF APPLICABLE)

On behalf of the Cabinet, I additionally confirm that the following individuals/agencies are serving the child as representatives of the Cabinet, are responsible for the care of the child, are authorized to access the child's agency case plan and that access to educational records as checked above is necessary in order to facilitate the transfer, enrollment and educational placement of the child.

Name: _____ Position: _____ Signature: _____
(on behalf of the Kentucky Cabinet for Health and Family Services)

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Date: _____

Contact Information: _____

Telephone/Address/Email Address

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☐ Child-caring facility

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Name: _____ Position: _____ Signature: _____

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Date: _____

Contact Information: _____

Telephone/Address/Email Address

☐ Child placing facility case manager

Name: _____ Position: _____ Signature: _____

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Date: _____

Contact Information: _____

Telephone/Address/Email Address

Persons/agencies receiving access to education records as signing above acknowledge they are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational need and 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.

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**(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

LEGAL: SB 72 AMENDS KRS 620.030 TO ADD A VICTIM OF FEMALE GENITAL MUTILATION TO REQUIRED REPORTING.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.227 AP.1

Child Abuse/Neglect/Dependency

MAKING AN ORAL REPORT

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

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

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

EXPLANATION: SB 8 AMENDS KRS 508.078 TO CHANGE THE DEFINITION OF TERRORISTIC THREATENING. THIS UPDATE ALSO INCLUDES A MORE COMPLETE DESCRIPTION OF CRIMINAL/JUVENILE PENALTIES.
FINANCIAL IMPLICATIONS: COST OF PROVIDING NOTICE

STUDENTS

09.425 AP.22

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 any scheduled, publicly advertised event open to the public, any place of worship, or any school function, threatens to commit any act likely to result in death or serious physical injury to any person at a place of worship, or 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, indicating that an act likely to result in death or serious physical injury is occurring or will occur 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 death or serious physical injury ~~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.

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STUDENTS

09.425 AP.22
(CONTINUED)

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.
5. Terroristic threatening in the second degree is a Class C felony when, in addition to the violations above, the person intentionally engages in substantial conduct required to prepare for or carry out the threatened act, including but not limited to gathering weapons, ammunition, body armor, vehicles, or materials required to manufacture a weapon of mass destruction.

*****POTENTIAL PENALTIES UNDER KRS 532.060 AND KRS 534.030 UPON CONVICTION*****

Please be advised that there are serious penalties for this second degree terroristic threatening offense. Potential penalties for adults convicted of this offense include terms of imprisonment of not less than one (1) year nor more than five (5) (Class D felony) or not less than five (5) years nor more than ten (10) years (Class C felony) and a fine of not less than one thousand dollars (\$1,000) and not greater than ten thousand dollars (\$10,000) as provided in KRS 532.060 and KRS 532.030, respectively.

Juveniles face sanctions that may include fines up to five hundred dollars (\$500.00) (KRS 635.085); probation or supervision subject to court imposed conditions and graduated sanctions for violations (KRS 635.060); and more serious sanctions if they have prior adjudications or an offense is determined to involve a deadly weapon. 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 or her parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders (KRS 635.060).

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PRINCIPAL'S SIGNATURE: _____

DATE: _____

EXPLANATION: SB 79 AMENDS KRS 160.380 REPLACING "SUBSTANTIATED" FINDING OF CHILD ABUSE OR NEGLECT WITH "ADMINISTRATIVE" FINDING OF CHILD ABUSE OR NEGLECT.

FINANCIAL IMPLICATIONS: COST OF PRINTING NEW APPLICATIONS

PERSONNEL

0303.6 AP.2

Volunteer Registration Form

Spencer County Schools will accept adult/parent volunteers into the schools according to the following procedures:

1. All volunteers must complete a Volunteer Registration Form. Names of approved volunteers shall be maintained at the Central Office and forwarded to school Principals.
2. An annual Administrative Office of the Clerk (AOC) records check shall be completed on volunteers who attend school for special occasions such as school parties, who accompany their own children but have no supervisory responsibilities for other children on school trips and/or who visit schools on a regular basis to assist as a volunteer.

A copy of the AOC is sent to the Personnel Assistant in order to keep a current list of volunteers.

3. An initial criminal records check shall be conducted on individuals who have contact with students on a school schedule, approved by the Principal, or who have supervisory responsibility for students. These individuals include parents or volunteers who accompany students on school-related trips/activities and have supervisory duties for students and volunteers who have regular classroom duties working with and tutoring students under the supervision of a certified staff member.

After the initial criminal records check, an AOC check shall be conducted on these volunteers every five (5) years.

4. The Superintendent may also require such a volunteer to provide a letter from the Cabinet for Health and Family Services stating that there are no administrative findings of ~~substantiated~~ child abuse or neglect on record.

VOLUNTEER REGISTRATION FORM

Volunteers must complete and submit to the Central Office a Volunteer Registration Form. Copies of this form, along with preaddressed envelopes to the AOC office, shall be maintained at the Central Office.

After completing and submitting the form to the Principal, the volunteer shall be notified by the school if a criminal records check is necessary.

When the AOC records check is returned with clearance, the Central Office will notify the schools and the volunteers.

OTHER VISITORS

Parents, guardians, or other visitors who come to the District schools to observe a classroom, a class program, or a schoolwide program are not subject to AOC checks. These visits require the Principal's approval.

PERSONNEL

0303.6 AP.2
(CONTINUED)

Volunteer Registration Form

Organization: Spencer County Board of Education

Address: 207 West Main Street, Taylorsville, Kentucky 40071

Contact Person: _____ E-mail: _____

Phone Number: 502-477-3250 Fax: 502-477-3259

Administrative Office of the Courts

Pretrial Services

100 Millcreek Park

Frankfort, Kentucky 40601

1-800-928-6381

Social Security: _____

Date of Birth: _____

Full Name: _____

Maiden or Alias Names: _____

Street Address/P.O. Box: _____

City, State, Zip Code: _____

All approved volunteers will be notified by e-mail address or post card.

E-mail _____

Please check the school(s) you wish to volunteer. Thank you.

Preschool ☐

Hillview Academy ☐

Spencer County Elementary ☐

Spencer County Middle ☐

Taylorsville Elementary ☐

Spencer County High ☐

Mentor ☐

Field Trips ☐

Classroom ☐

School Events ☐

Do you want the school(s) to contact you regarding your schedule of availability?

Yes ☐

No ☐

Phone Number _____

EXPLANATION: SB 79 AMENDS KRS 160.380 REPLACING "SUBSTANTIATED" FINDING OF CHILD ABUSE OR NEGLECT WITH "ADMINISTRATIVE" FINDING OF CHILD ABUSE OR NEGLECT.

FINANCIAL IMPLICATIONS: COST OF PRINTING NEW APPLICATIONS

PERSONNEL

0303.6 AP.21

Criminal Records Release Authorization For Volunteers

The criminal background check requirement request should be completed using the form accessible via the website of the Administrative Office of the Courts.

<http://courts.ky.gov/resources/legalforms/LegalForms/RU004.pdf>

The Superintendent may also require such a volunteer to provide a letter from the Cabinet for Health and Family Services stating that there are no administrative findings of ~~substantiated~~ child abuse or neglect on record.

Link to DPP-156 Central Registry Check and more information on the required Cabinet Letter:

<http://manuals.sp.chfs.kv.gov/chapter30/33/Pages/3013RequestfromthePublicforCANChecksandCentralRegistryChecks.aspx>

Consumer Authorization for Direct Deposit

Spencer County Board of Education

207 West Main Street

Taylorsville, KY 40071

Contact: Gwen Shouse

I hereby authorize **Spencer County Board of Education**, hereinafter called "company" to initiate credit entries to my _____ **checking** / _____ **savings** account indicated below at the depository financial institution named below, hereafter called "depository" and to credit the same to such account. Additionally, I authorize the company to initiate any necessary debit reversal entries only for the correction of erroneous or duplicate entries previously credited to my account indicated on this form. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of United States Law.

Depository (Bank) _____

City _____ State _____ Zip _____

9 Digit Routing # _____ Account# _____

Deposit **NET PAY** _____ **OR IF DEPOSITING TO MORE THAN ONE ACCOUNT PLEASE NOTE AMOUNT PER CHECK** _____ **TO BE DEPOSITED TO THIS ACCOUNT.**

This authorization is to remain in full force and effect until company has received written notice from me or its termination in such time and in such manner to afford company and depository a reasonable opportunity to act on it.

Name _____
Print Name

Signature _____

Date _____

By signing this authorization, you also agree that shall you decide to revoke this authorization , you will do so in the manner specified in the original agreement between you and company. Consumer Initials _____.

A copy of this authorization for direct deposit ACH credits will be retained by the company for a period of 2 years following its date of termination either by the consumer or the company. Copies of this authorization will be provided to any related party within 60 days of receipt of written request.

Consumer Authorization for Direct Deposit

Spencer County Board of Education

207 West Main Street

Taylorsville, KY 40071

Contact: Gwen Shouse

I hereby authorize **Spencer County Board of Education**, hereinafter called "company" to initiate credit entries to my _____ **checking** / _____ **savings** account indicated below at the depository financial institution named below, hereafter called "depository" and to credit the same to such account. Additionally, I authorize the company to initiate any necessary debit reversal entries only for the correction of erroneous or duplicate entries previously credited to my account indicated on this form. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of United States Law.

Depository (Bank) _____

City _____ State _____ Zip _____

9 Digit Routing # _____ Account# _____

Deposit **NET PAY** _____ **OR IF DEPOSITING TO MORE THAN ONE ACCOUNT PLEASE NOTE**
AMOUNT PER CHECK _____ **TO BE DEPOSITED TO THIS ACCOUNT.**

This authorization is to remain in full force and effect until company has received written notice from me or its termination in such time and in such manner to afford company and depository a reasonable opportunity to act on it.

Name _____
Print Name

Signature _____

Date _____

By signing this authorization, you also agree that shall you decide to revoke this authorization , you will do so in the manner specified in the original agreement between you and company. Consumer Initials _____.

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Spencer County Board of Education
207 W. Main Street
Taylorsville, KY 40071
502-477-3250

Travel Log for In-District Travel

Code: _____

Org	Object	Project		
Date	Destination/Purpose/Student Name	Beg. Odometer	End. Odometer	Total Miles

Total Miles _____ @ .40 = \$ _____

Employee Name _____

Employee Address _____

Employee Signature _____

Supervisor Signature _____

Spencer County Board of Education
207 W. Main Street
Taylorsville, KY 40071
502-477-3250

Travel Log for In-District Travel

Code: _____

Org	Object	Project		
Date	Destination/Purpose/Student Name	Beg. Odometer	End. Odometer	Total Miles

Total Miles _____ @ .40 = \$ _____

Employee Name _____

Employee Address _____

Employee Signature _____

Supervisor Signature _____

Purchasing**SCHOOL PURCHASING**

1. Funds for expenditures authorized by the approved budget are allocated to each Principal and school council who will advise staff of the available appropriations.
2. Principal/School Council shall budget the allocations available to the school. All purchases made from Board allocations shall be on Board purchase orders.
3. Purchase orders shall be completed by the department head or teacher and sent to the Principal /designee for approval.
4. If the purchase order is approved, the Principal/designee shall record the date, vendor and amount of the purchase on the appropriate record form (computer or binder).
5. The purchase order is then forwarded to the school/Central Office designee.
6. Unless otherwise specified, copies of the purchase order shall be forwarded to the vendor, the school/District finance officer and the person who placed the order.
7. When an order arrives, the person who placed the order checks the items received, signs and dates the receiving report or packing slip. A notation is made on the receiving report or packing slip as to the condition of the items received and any shortage in the shipment. The receiving report or packing slip is then returned to the school/District finance officer to be matched with the invoice.
8. The school/District finance officer clears the invoice for payment and charges the expenditure to the appropriate school account. The Superintendent/designee shall send a budget update to each school at once each month.
9. If a purchase needs to be made on an emergency basis as defined by the Principal/designee, the employee shall complete a purchase order, obtain the signature of the Principal/designee, and arrange for the purchase. The employee shall then complete all other purchasing procedures.
10. If a purchase order must be amended, the requestor must complete a Purchase Order Amendment Request and submit it to the School Bookkeeper.
11. All orders for the current fiscal year must be approved by the Principal/designee by April 30.
12. All invoices for the current fiscal year must be presented to the school/Central Office designee by the close of business May 30.

Purchasing**DISTRICT PURCHASING**

1. Expenditures authorized in the approved budget are allocated to authorized Central Office personnel who make purchases. All purchases made from these allocations shall be on Board purchase orders.
2. Purchase orders shall be completed and sent to the Superintendent/designee for approval.
3. If approved, the order is placed, copies of the purchase order are distributed, as appropriate, and a record of the purchase is completed.
4. When an order arrives, the person who placed the order checks the items received, signs and dates the appropriate copy of the purchase order. A notation is made on the receiving report as to the condition of the items received and any shortage in the shipment. The receiving report is then returned to the District finance officer for payment.
5. If a purchase needs to be made on an emergency basis as defined by the Superintendent/designee, the employee shall complete a purchase order, obtain the signature of the Superintendent/designee, and arrange for the purchase. The employee shall then complete all other purchasing procedures.
6. If a purchase order must be amended, the requestor must complete a Purchase Order Amendment Request and submit it to the Central Office Finance Dept.
7. All orders for the current fiscal year must be approved by the Superintendent/designee by May 15.
8. All invoices for the current fiscal year must be presented to the Central Office designee by the close of business June 15.

Purchasing

SPENCER COUNTY BOARD OF EDUCATION

PURCHASE ORDER AMENDMENT REQUEST

This form is required for any additions or deletions to a purchase order. The form is also required when a cost variance occurs of more than 10% or \$100 (whichever is the smaller amount) in the total amount of the approved purchase order.

Please make the following additions, deletions, and/or corrections to

Purchase Order # _____

[illegible]

Approved and change made in MUNIS

Initials: _____

Date: _____

Authorized Purchaser Signature

Date _____

Review/Revised:7/25/2016

Application and Permit for Use

SPENCER COUNTY PUBLIC SCHOOLS
207 WEST MAIN STREET
TAYLORSVILLE, KY 40071
(502) 477-3250 (502) 477-3259

Date of Application: _____
 Date of requested: _____ Number of Hrs. Needed: _____
 Time to be opened: _____ Ending time: _____
 Use of building/description of activities (Please Specify): _____

Description of equipment, apparatus, animals, etc., which will be brought into the school's building or upon the school's grounds: _____

As an authorized representative of the applicant, the undersigned agrees to use the above named school facilities in accordance with the policies of the Spencer County Board of Education.

Organization: _____ Phone: _____

Telephone: _____ Group Name: _____

Representative's Name(s): _____

Signature of person in charge of the group: _____

SCHOOL BUILDING/FACILITIES

Taylorsville Elementary _____
 Spencer County Elementary _____
 Spencer County Middle School _____
 Spencer County High School _____
 Classroom(s) _____

\$10.00 per hour/per room

Gym \$14.00 per hour

Auditorium \$50.00 per hour _____

Custodian Flat Hourly Rate \$29.00 _____

Other _____

CAFETERIA/KITCHEN

Taylorsville Elementary _____
 Spencer County Elementary _____
 Spencer County Middle School _____
 Spencer County High School _____

MUST HAVE FOOD SERVICE PERSONNEL**WHEN USING KITCHEN**

Kitchen: (\$50 per hour/non-school function)

Dining Area: (\$14 per hour/non-school function)

Café Worker Flat Hourly Rate \$24.00 _____

A four (4) hour minimum will be charged for custodians and/or café workers for events occurring on a weekend or any other non-scheduled work day.

Application and Permit for Use

TO BE FILLED OUT BY SCHOOL OFFICE

Approved/Disapproved: _____

NAME

TITLE

Note: Groups not requiring a custodian must clean up area used. If the Director of Facilities determines additional clean-up is necessary to make the space acceptable for student use, the group will be charged for the cost of the clean-up.

***Applicant has been given Liability Waiver/Information Sheet: _____**

****Make Checks payable to Spencer County Schools**

BOARD POLICY – MUST HAVE SCHOOL EMPLOYEE AT ALL EVENTS

Liability Waiver

The _____ do hereby hold the Superintendent, Principal, school staff member,
(Name of Organization, Group, Individual, Etc.)

Spencer County Board of Education, board members, and council members individually and collectively harmless from any loss or damage to persons or property resulting from the use of and entrance to the facility and/or grounds, and equipment or vehicles being used in _____
(Name of Organization, Group, Individual, Etc.)

The _____ do hereby assume all responsibility including liability for loss or
(Name of Organization, Group, Individual, Etc.)
damage to persons or property resulting from the use of and entrance to the facility and/or grounds, and equipment or vehicles being used in: _____
(Name of Activity.)

The _____ do hereby provide the following assurances regarding the use
(Name of Organization, Group, Individual, Etc.)

of specified rental property:

1. Cause the facilities to be used in a safe manner without damage or injury to any property or person.
2. Hold the Superintendent, Principal, Spencer County Board of Education, Board members, and council members individually and collectively harmless from any loss or damage to persons or property resulting for its use.
3. Abide by all rules and regulations governing the use of school buildings and facilities.
4. Permit supervision of the facilities during use by the building custodian or person designated by the Principal and to pay the cost of cleaning.
5. If kitchen facilities are to be used, food service personnel employed by the Board of Education will be used to supervise the activities and will agree to pay the cost of cleanup.
6. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity **and to carry disclaimers on ads, flyers and other information their public school meeting location noting that public school property is being rented after-hours and that this rental carries not endorsement by the School District.**
7. To pay rental fees as designated by Director of Maintenance/Facilities.

Under certain circumstances specified in District policy and/or procedure, the renting organization is required to provide liability insurance consisting of an insurance rider for the following amounts:

- 1) Insurance liability waiver of **one million dollars** with Spencer County Schools as additional insured.

The rider shall be for the time period of use of the building. You can obtain riders of this nature from your present insurance agency or perhaps one of the local insurance agencies in Spencer County.

The rider shall be given to the Spencer County Board along with the application. Please have the insurance agents name, address, and phone number on the waiver attachment.

Applicant agrees by the submission of this application that if it is accepted the following will be done:

Insurance Company _____

Phone _____

**All applications must be signed by a resident of Spencer County or responsible member of the organization, eligible to affix signature in the name of the organization, group, individual, etc.*

Applicant: _____

Approved by: _____
(Director of Facilities)

Address: _____

Telephone: _____

Date: _____

Date: _____

Officer in Charge: _____

Signature _____

Position _____

**Application must be approved by Director of Facilities, and a copy forwarded to the Building Principal.*

Nondiscrimination Policy Statement

The Spencer County School District does not discriminate on the basis of sex in the educational programs or activities that it operates and is required by TITLE IX of the educational Amendments of 1972 (P.L. 92-138), to discriminate in such a manner. Further, the school district does not discriminate on the basis of handicap, in treatment, admission or access to, or employment in, its programs or activities as required by Section 504 of the Rehabilitation Act of 1973 (P.L. 93-112), nor does the school district discriminate in any of the educational programs or activities it operates, on the basis of race, color, national origin, religion, marital status, which is required by Title VI, Civil Rights Act of 1964, the Age Discrimination Act of 1974.

The Director of Pupil Personnel for the Spencer County School District, Main Street, 207 West Main St., Taylorsville, Kentucky 40071 (502) 477-3250, has been designated to coordinate Spencer County's efforts and carry out its responsibilities under Title IX, Title VI, and Section 504.

EQUAL EDUCATIONAL AND EMPLOYMENT INSTITUTION**DAMAGE TO FACILITY AND EQUIPMENT:**

1. In the event of damage to building or equipment by groups using the building, the Principal shall immediately send a report to the Superintendent and to the responsible person of the group using the facility. Settlement, agreeable to the Board of Education, shall be prerequisite to additional use by the community group. Party using facility shall be responsible for any damage incurred.
2. Disregard of the policies governing the use of school buildings and facilities shall result in the refusal of the Board of Education to grant the offending organization or group further use of them.

CARE AND USE:

1. No property or equipment may be placed in the school or on school property that is hazardous or potentially hazardous.
2. No furniture or equipment shall be moved without authorization of the Principal.

UNAUTHORIZED USES:

1. The use of intoxicating liquor or harmful drugs, the carrying of firearms, deadly weapons or explosives, smoking in any areas, and the sale of un-approved food items shall be prohibited on school premises. ([KRS 438.050](#), [KRS 437.095](#), KRS 437-012C, Board Policy 05.31 – 05.3)
2. Unauthorized personnel shall not enter any boiler room or tamper with any mechanical ventilation, or heating equipment, nor shall the cafeteria or cafeteria equipment be used without a staff member present.
3. The Board of Education does not permit the use of any facility beyond 12:00 midnight unless prior approval has been obtained from the Superintendent or his designee. However, this time limit does not include cleanup time by the organization.
4. Smoking is not permitted in the school buildings of Spencer County Schools. (Federal Regulations)

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SECURITY:

The District shall furnish adequate security for the events.

PRESENCE OF AN EMPLOYEE DURING USE:

No school building shall be opened for use by groups when normally closed without the presence of an employee designated by the Director of Maintenance Facilities. The employee shall in no way be responsible for the conduct of persons present.

OFFICER IN CHARGE:

Groups using school facilities will provide adequate supervision of the event and will designate an officer of the organization who will be in charge of the event.

SCHEDULING OF FACILITIES:

No school facilities shall be used unless the use is scheduled through the Principal of the school. Normally, school facilities will not be scheduled unless the group applies three (3) days in advance.

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Dear Applicant for Rental of School Property,

The liability insurance waiver shall consist of an insurance rider for the following amount:

Insurance liability waiver of **one million dollars** with Spencer County Schools as additional insured.

The rider shall be for the time period of use of the building. You can obtain riders of this nature from your present insurance agency or perhaps one of the local insurance agencies in Spencer County.

The rider shall be given to the Spencer County Board along with the applications, Please have the insurance agents name, address, and phone number on the waiver attachment.

Thank you

Community Inspection Report

GROUP NAME: _____

DATE OF USE: _____

HOURS:

FROM: _____ To: _____

AREAS USED:

CLEAN/ACCEPTABLE FOR NEXT DAY STUDENT USE

CAFETERIA _____

YES**NO**

ROOM # _____

RESTROOMS _____

OTHER _____

	<u>YES</u>	<u>NO</u>

INSPECTED BY: _____

DATE: _____ TIME: _____

***TURN REPORT INTO THE SUPERINTENDENT/DESIGNEE THE MORNING OF THE FOLLOWING SCHOOL DAY.**

School Event Facility Usage Procedures

- 1) This form **MUST** be filled out at least one **WEEK** before any event.
- 2) This form must be emailed or printed and turned into the daytime school custodian.
- 3) If you choose **NOT** to clean the facilities yourself after the event, custodial services are required. **Note: Custodial services require a fee.**
- 4) If you choose to clean the facilities yourself, then you must contact the daytime custodian for cleaning supplies.
- 5) During and after event, building doors must be locked and secure at all times. **(DO NOT PROP DOORS OPEN)**
- 6) All lights must be turned off when leaving the building.

ATTENTION: If this form is not filled out and submitted to custodian, the HVAC (heating, ventilation, & Air-condition/Cooling) will be in unoccupied mode during your event.

School Name: _____

Date of Event: _____

Start Time: _____

End Time: _____

Person Responsible: _____

Group Name: _____

I am requesting Custodial services: _____

I am declining Custodial services: _____

Areas/locations occupied during event

Please list below all areas of event such as hallways room NUMBERS and restrooms:

For Custodian Use Only

Inspected By: _____

Date: _____

Review/Revised:8/26/2019