

KSBA Procedure Service

2021 Procedure Update (#25) Checklist

District: Kenton 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
01.6 AP.2	<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"/>
03.21 AP.254	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.12 AP.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2241 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.11 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1114 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.132 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.133 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.133 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.1341 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.22 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.22 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.22 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.224 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
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KCSD Revisions to Procedures

2021

District: Kenton County Schools

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

Procedure Number	Adopt as Written	Adopt with Modification*	Adoption Date	Order Number	Keep Current Procedure	Rescind Procedure
03.1211 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
08.113 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
08.113 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
08.2323 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
08.2323 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.111 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.124 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.15 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
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_____			_____		
_____			_____		

*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: HB 312 AMENDS MULTIPLE AREAS OF KRS CHAPTER 61 BY CHANGING THE PROCESS AND FORMAT FOR PARTIES REQUESTING OPEN RECORDS OF PUBLIC AGENCIES. AGENCIES CANNOT REQUIRE A PARTICULAR REQUEST FORM ALTHOUGH THEY MUST ACCEPT THE RECORDS REQUEST FORM CREATED FOR USE BY THE OFFICE OF THE ATTORNEY GENERAL VIA REGULATIONS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

Inspection of Board Records

INSPECTION OF RECORDS

Residents* of the Commonwealth desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office.

The principal office of the District is located at _____.

The official custodian/designee to whom requests for access to records should be submitted is at _____ and email address is _____.

Fees for hard copies shall be 10 cents a page. Fees for other media (if applicable) shall be based on actual cost to the District.

The requesting party shall submit a written application that shall:

- be signed;
- include the applicant's name printed legibly;
- include mailing address (and email address if applicable); and
- include a statement of the manner in which the applicant is a resident of the Commonwealth of Kentucky.*

The applicant shall hand deliver, mail, send via facsimile, or send via email the written application to the custodian/designee at the above address describing the records the applicant wishes to access. Written requests comporting with the above or the written form set forth in regulation by the Kentucky Attorney General may be utilized by the requesting party.

Unless a longer period applies under state law or Executive Order, a response by or on behalf of the District is due within five (5) days (not including weekends or holidays) of receipt of the request. If records are in active use or storage or otherwise unavailable, the District response will explain in detail the cause for a delay beyond five (5) days and state the earliest date on which the records will be available. Requests may be denied if the records are exempt from disclosure under KRS 61.878 or if the request imposes an unreasonable burden or is intended to disrupt essential functions of the District as provided in KRS 61.872.

A resident of the Commonwealth may inspect public records during regular office hours. If s/he resides outside the county and precisely describes the responsive records, s/he may receive responsive, nonexempt records by mail upon the District's receipt of copying fees and costs of mailing.

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Inspection of Board Records

INSPECTION OF RECORDS (CONTINUED)

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

*Resident is defined under KRS 61.870(10) as: an individual residing in the Commonwealth; a domestic business entity with a location in the Commonwealth; a foreign business entity registered with the Kentucky Secretary of State; an individual that is employed and works at a location or locations within the Commonwealth; an individual or business entity that owns real property within the Commonwealth; any individual or business entity that has been authorized to act on behalf of an individual or business entity described above; or a news-gathering organization as defined in KRS 189.635(8)(b)1.a. to e.

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Request to Examine and/or Copy District Records

NOTE: When a document is submitted that provides information requested by this form, there is no need to require the applicant to complete this form. Any person shall have the right to inspect public records. The official custodian may require written application, signed by the applicant and with his name printed legibly on the application, describing the records to be inspected. The application shall be hand delivered, mailed, or sent via facsimile to the public agency.

PUBLIC ACCESS

Records of the Board, except those specifically exempted by statute, are open to public inspection at the Office of the Superintendent. Persons desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office and of each school building, as appropriate.

Records exempted from public access include:

- Records of a personal nature where public disclosure is an invasion of personal privacy.
- 1. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
- 1. Records or negotiation of real estate transactions until such time as property has been acquired.
- 1. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
- 1. Preliminary drafts and recommendations.
- 1. Student records that are prohibited from release by the Family Educational Rights and Privacy Act and/or the Kentucky Family Education Rights and Privacy Act.
- 1. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
- 1. Emergency plan and diagram of a school.

Records Requested From:

Records Custodian: _____

District Name: _____

District Address: _____

Records Requested By:

Name (**MUST BE PRINTED**): _____

Address: _____

Phone #: _____ Date: _____

Are you the parent/guardian of a child enrolled in one of the District's schools? ☐ Yes ☐ No

— If Yes: Child's Name _____ School _____

Specify in detail the record(s) requested. (Attach another page if necessary.)

Signature of Person Requesting Record(s)

Month/Day/Year

Please attach requests made by letter or FAX to this form.

Request to Examine and/or Copy District Records

Any fees associated with the cost of copying shall be collected at the time copies are made. Fees shall not exceed actual copying costs. Copying cost per page shall not exceed 10 cents and postage may be charged if the requestor does not pick up the copies.

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

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

For Office Use Only

Records Request received by _____ Date _____

Records Request referred to (if applicable) _____ Date _____

Records Request complied with by _____ Date _____

EXPLANATION: REPEAL OF 702 KAR 6:045 ALLEVIATES SOME OF THE ADMINISTRATIVE BURDEN ON SCHOOL DISTRICTS WHILE PRESERVING THE SAFETY OF SCHOOL NUTRITION PROGRAMS AS, UNDER CURRENT LAW, THE FOOD SERVICE STAFF FOR SCHOOL DISTRICTS PARTICIPATING IN FEDERAL CHILD NUTRITION PROGRAMS ARE SUBJECT TO LOCAL, STATE, AND FEDERAL TRAINING REQUIREMENTS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: REVISIONS TO 702 KAR 5:080 REQUIRE ALL SCHOOL BUS DRIVERS, STUDENT TRANSPORTATION TECHNICIANS, AND EMPLOYEES THAT TRANSPORT STUDENTS TO RECEIVE BASIC FIRST AID AND CPR TRAINING.

FINANCIAL IMPLICATIONS: COST OF ADDITIONAL TRAINING

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			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
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 required for Principal selection.	KRS 160.345	02.4244			✓	
Council member training hours.	KRS 160.345	02.431			✓	
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			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	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	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		✓		

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situations.	KRS 156.095	03.19/03.29			✓	
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			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
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) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
<u>First Aid and Cardiopulmonary Resuscitation (CPR) Training.</u>	<u>702 KAR 5:080</u>	<u>06.221</u>			✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	702 KAR 6:045 KRS 158.852 7 C.F.R. §210.31	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.	704 KAR 3:285	08.132	✓		✓	

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
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 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			✓	
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			✓	
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
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 training child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	09.227	✓		✓	

PERSONNEL

03.19 AP.23
(CONTINUED)**District Training Requirements**

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
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			✓	
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		✓		
Training for Supervisors of Student Teachers.	16 KAR 5:040				✓	
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)		✓			
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				✓	
KDE shall provide technical assistance and training for Response to Intervention upon District request.	KRS 158.305				✓	

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: REVISIONS TO 702 KAR 5:080 INCLUDE REPORTING REQUIREMENTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.21 AP.254

Driving Record Violations and Personnel Actions

NEW/RETURNING SCHOOL BUS DRIVERS

The District shall perform a driving history check on school bus drivers prior to initial employment and after a break in service (excluding summers). Decisions to employ or re-employ an individual shall be contingent on receipt of records revealing no driving history convictions that would, as determined by the Superintendent, affect the individual's ability to perform the job. Driver applicants and current drivers are subject to checks of the Federal Motor Carrier Safety Administration Clearinghouse (FMCSA) and related rules as described in Policy 06.221.

A person shall not be employed as a school bus driver if convicted within the past five (5) years of driving a motor vehicle under the influence or driving while intoxicated.

CURRENT EMPLOYEES

Current bus drivers shall undergo driving records checks at intervals determined by Board policy. Those whose driving record checks reveal the following violations are subject to appropriate disciplinary action, up to and including, termination/nonrenewal.

1. Speeding/major - speeding more than sixteen (16) miles per hour faster than the speed limit within the last two (2) years;
2. Speeding/minor – speeding less than sixteen (16) miles faster than the speed limit more than once within the last two (2) years;
3. Collision resulting in a citation being issued to applicant for being at fault;
4. Under the influence of alcohol or any illegal drugs while on duty or with remaining driving responsibilities that same day;
5. Revocation of driver's license;
6. Conviction for driving under the influence (DUI)/or driving while intoxicated (DWI);
- 7. Conviction for reckless driving;
- 8. Citation for any moving motor vehicle violation including driving under the influence (DUI)/or driving while intoxicated (DWI) and reckless driving;
- 9. Citation for violation of state or local law governing motor vehicle traffic control other than a parking violation;
- 10. Conviction for a felony sex crime or as a violent offender as defined in KRS 17.165;
- 11. Failure to notify the Superintendent if the classified employee has been found by the Cabinet for Health and Family Services to have abused or neglected a child, and if the employee has waived the right to appeal such a substantiated finding or the finding has been upheld upon appeal; or
- 12. Other criminal or moving vehicle violation, as determined by Superintendent/ designee to bear a reasonable relationship to the ability of the individual to perform the job.

NOTE: 702 KAR 5:080 requires school bus drivers to immediately report to the Superintendent/designee any violations falling under points five through nine (5-9) above.

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EXPLANATION: HB 378 (2019) REVISED KRS 156.160 TO REQUIRE DISTRICTS TO AWARD CREDIT, INCLUDING PARTIAL CREDIT, FOR ALL COURSEWORK SATISFACTORILY COMPLETED BY A HOMELESS STUDENT WHILE ENROLLED AT ANOTHER SCHOOL, ALLOW HOMELESS STUDENTS TO THE EXTENT PRACTICABLE TO COMPLETE THE COURSE AT NO COST TO THE STUDENT; AWARD A DIPLOMA AT THE HOMELESS STUDENT'S REQUEST BY A DISTRICT FROM WHICH THE STUDENT TRANSFERRED, AND EXEMPT THE HOMELESS STUDENT FROM ALL COURSEWORK AND OTHER REQUIREMENTS IMPOSED BY A LOCAL BOARD THAT ARE IN ADDITION TO THE MINIMUM STATE REQUIREMENTS FOR HIGH SCHOOL GRADUATION. ADDITIONALLY, AMENDMENTS TO 704 KAR 7:090 REQUIRE THE DISTRICT TO SUPPORT HOMELESS CHILDREN AND YOUTH AND HAVE WRITTEN PROCEDURES FOR SUCH.

FINANCIAL IMPLICATIONS: COST OF HOMELESS STUDENT'S COURSEWORK

STUDENTS

09.12 AP.25

Homeless Children and Unaccompanied Youth

The District shall support homeless children and unaccompanied youth by:

1. awarding and accepting of credit, including partial credit, for all coursework satisfactorily completed by a student while enrolled at another school;
2. allowing a student who was previously enrolled in a course required for graduation the opportunity, to the extent practicable, to complete the course, at no cost to the student, before the beginning of the next school year;
3. awarding a diploma, at the student's request, by a district from which the student transferred, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate from the district to which the student transfers, but meets the graduation requirements of the district from which the student transferred; and
4. exempting the student from all coursework and other requirements imposed by the Board that are in addition to the minimum requirements for high school graduation established by the Kentucky Board of Education in the district to which the student transfers, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate both from the district to which the student transfers and the district from which the student transferred.

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AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED

Consistent with KRS 156.160, and to the extent feasible, homeless children and unaccompanied youth shall be awarded credit, including partial credit, for all coursework satisfactorily completed.

To ensure credit, including partial credit, is awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth, the District shall adopt written procedures addressing:

1. the tool or methodology the District shall use to calculate credit, including partial credit, to be awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth;
2. the consolidation of partial credit, where appropriate, to provide opportunities for credit accrual that eliminate academic and nonacademic barriers for homeless children and unaccompanied youth;

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Homeless Children and Unaccompanied Youth

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)

3. how the District shall provide students experiencing homelessness access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring and other extended school services available in the District to the fullest extent practicable and at nominal or no costs;
4. the ways in which the District shall lessen the impact of school transfers for homeless children and unaccompanied youth, which shall include:
 - a) identifying systems that are in place to ease the transition of students experiencing homelessness, particularly during the first two (2) weeks at a new school;
 - b) requiring counselors to provide timely assistance and advice to improve college and career readiness for students experiencing homelessness; and
 - c) granting priority placement in classes offered by the District that meet state minimum graduation requirements for students who change schools at least once during a school year as a result of homelessness.
5. how and in what circumstances the District shall allow a student experiencing homelessness who was previously enrolled in a course required for high school graduation to complete that course at no cost before the beginning of the next school year as required by KRS 156.160; and
6. the required review of credit accrual and the personal graduation plan for each homeless student and unaccompanied youth that is not on track to receive a high school diploma before the fifth year of high school enrollment.

REFERENCES:

KRS 156.160
704 KAR 7:090
42 U.S.C. § 1143

RELATED POLICY:

08.113

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EXPLANATION: SB 127 AMENDS KRS 158.836 TO CHANGE THE DEFINITION OF EPIPENS OR OTHER EPINEPHRINE AUTO-INJECTORS TO INJECTABLE EPINEPHRINE DEVICES.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.1

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. Medicines not in their original bottle shall be sent home with parent/guardian. DO NOT ACCEPT medication not in the original bottle or without current authorization forms. If medications are brought in incorrect containers, immediately put these medications into lock-up and contact the parent/guardian to pick them up.
3. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.
4. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and [injectable epinephrine devices 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.
5. NOTE: Staff shall keep all personal medication in a secured space and in the original labeled bottles. At no time shall any employee administer their personal prescription or over-the-counter medication to a student.
6. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
7. 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.

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

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."

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.

All relevant documents (Medication Administration Forms, daily logs, parent notes, training sheets, lists of authorized medication administrators) are to be kept in accordance with the Records Retention Schedule, Public School District.

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.

Student Medication Guidelines**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.
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

EXPLANATION: HB 312 AMENDS MULTIPLE AREAS OF KRS CHAPTER 61 BY CHANGING THE PROCESS AND FORMAT FOR PARTIES REQUESTING OPEN RECORDS OF PUBLIC AGENCIES. THE NOTICE INFORMATION IS FOUND IN THE UPDATE FOR ADMINISTRATIVE PROCEDURE 01.6. AP.2
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

COMMUNITY RELATIONS

10.11 AP.21

Public Records Notice

To be posted at the main entrance of the Central Office and of each school building, as appropriate.

RULES/REGULATIONS FOR INSPECTION

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

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

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

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

Kenton County School District
1055 Eaton Drive
Fort Wright, KY 41017

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

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

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

Persons who live outside the area and who wish to request copies of public records should contact the person listed above.

Designated Representative

Date

Preschool Education

ENROLLMENT

Parents/guardians enrolling their child(ren) in preschool shall follow Board policy and state and federal laws and regulations.

ELIGIBILITY

Children who reside in the District, qualify for at risk based on household income guidelines, and are four (4) years old by August 1 are eligible to enroll in preschool.

Children who reside in the District and meet eligibility criteria as having a disability are eligible to enroll in preschool as of their third birthday.

[Children of employees of the District who are three \(3\) or four \(4\) years of age may be eligible as a tuition student.](#)

SERVICES PROVIDED

Preschool classes are located in several District elementary schools and are offered at no cost to parents if students qualify for free lunch.

Preschool classes are held Monday through Thursday and children attend half-day sessions (morning or afternoon). Each classroom provides a student to teacher ratio meeting state guidelines.

All children are provided a meal.

TRANSPORTATION

Bus transportation is provided for all students enrolled in preschool.

HOME VISITS

Preschool staff shall make two (2) home visits each year.

CHILDREN WITH DISABILITIES

The following related services are available to assist children with disabilities:

- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Nursing Services
- [Psychological Services](#)
- [Orientation and Mobility Services](#)
- [Interpreter Services](#)

CURRICULUM

The preschool curriculum is developmentally appropriate and tailored to meet individual needs. The curriculum shall address the following needs:

- Intellectual
- Social/Emotional
- Physical
- Communication
- Self-Care

CURRICULUM AND INSTRUCTION

08.1114 AP.1
(CONTINUED)

Preschool Education

CURRICULUM (CONTINUED)

~~Big Day for PreK~~ The preschool curriculum shall have/be:

- Hand on/Active Exploration
- Child Oriented
- Emphasis on Language Development and Social Interactions

Parent involvement is encouraged.

Performance-Based Credit

The District shall award standards-based, performance-based credits for high school subjects to be applied toward graduation. Credit shall be awarded for:

- Standards-based course work that constitutes satisfactory demonstration of learning in any high school course approved for performance-based credit, consistent with Kentucky Administrative Regulation;
- Standards-based course work that constitutes satisfactory demonstration of learning in a course for which the student failed to earn credit when the course was taken previously;
- Standards-based portfolios, senior year or capstone projects;
- Standards-based online or other technology-mediated courses;
- Standards-based dual credit or other equivalency courses; and
- Standards-based internship, cooperative learning experience, or other supervised experience in the school and the community.

Students requesting performance-based credit to apply toward graduation shall make application to the Principal/designee.

COURSE DESCRIPTION AND ASSESSMENT

Performance-based course descriptions shall be developed by teachers in areas for which they are certified and reflect needs indicated in the student's Individual Learning Plan (ILP). The content standards of performance-based courses shall be documented to align with the Kentucky Performance Rating for Educational Progress (K-PREP), Kentucky Academic Standards, and Kentucky Academic Expectations.

WORK-BASED LEARNING

Work-based learning experiences provided by the District shall be conducted consistent with provisions of the Kentucky Department of Education's Work-Based Learning Manual. Prior to a student being assigned to a work-based learning experience, a Work-Based Learning Agreement/Plan shall be completed for the student.

COUNCIL RESPONSIBILITY

Performance-based credits will only be accepted by the Board if previously approved by the high school SBDM Council. It is also the responsibility of the high school SBDM Council to determine the appropriateness of content and courses for performance-based credit. The council shall determine what information must be submitted. Required information may include, but is not limited to the following:

1. A description of the proposed course;
1. Proposed assessment method(s) (e.g., performance tasks, open-response questions, descriptions of expected products);
1. How proficiency will be determined;
- Sample papers, projects or other products that would represent work deserving of credit;
- Proposed check points to track progress.

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Performance-Based Credit**COUNCIL RESPONSIBILITY (CONTINUED)**

The Council may determine whether the teacher must request additional authorization when a previously approved course must be revised (description, assessment, proficiency determination, checkpoints, etc.):

Alternative Credit Options**APPLICATION**

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Student's Name _____			
Last Name	First Name	Middle Initial	
Student's Address _____			
City	State	ZIP Code	
School _____		Grade in the upcoming school year _____	

~~THE ABOVE NAMED STUDENT REQUESTS PRIOR APPROVAL TO EARN CREDIT THROUGH AN ALTERNATIVE ROUTE.~~

Course(s) requested: _____

☐ Summer School Course (approved by Superintendent/designee) ☐ Online Course

☐ College Credit ☐ [Work-Based Learning](#)

☐ Performance-Based Credit (provide information required [below on next page](#))

From what source _____

Total number of credits anticipated: _____

Reason for taking this course:

☐ Graduation with class

☐ Enrichment/Elective

☐ Course not available within the District

☐ Simultaneous high school/college credit

☐ Other, _____

I recommend this student be permitted to take the alternative credit option.

Principal/designee's Signature

Date

I understand that it is my responsibility to submit an official transcript of my grade to the school by the date specified by the counselor in order to receive credit toward graduation.

Student's Signature

Date

[SBDM Council Approval Date:](#) _____

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Number of credits earned _____ Date grade received _____

Principal/designee's Signature

Date

Alternative Credit Options**PERFORMANCE-BASED CREDIT INFORMATION**

High school course(s) for which credit is being requested: _____

NOTE: Requests will be accepted only for those courses in which the student has not yet been enrolled or passed.☐ enrolled in _____ ☐ passed

~~Credit may be granted to students demonstrating proficiency for learning taking place outside the normal classroom setting. Please describe the non-traditional and/or prior learning setting in which the learning will occurred for the credit(s) being requested:~~

To be completed by Principal/designee

Request was ☐ Approved ☐ Denied Date _____

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Request was _____ ☐ Approved ☐ Denied _____ Date _____

If approved, student performance will be assessed as follows:

ASSESSMENT METHOD	MINIMUM SCORE REQUIRED FOR CREDIT
Course exit exam	
State exam (_____)	
Other: _____	

Date of assessment: _____ Assessment Score: _____Assessment Supervised by: _____Student/Parent contacted ☐ Yes ☐ No _____ Date __________
Principal/designee Signature_____
Date

Alternative Credit Options**FULL-TIME VIRTUAL LEARNING PROGRAM APPLICATION***Application must be submitted for each school year.*

Date Application Filed: _____ School Year: _____ - _____ Grade Level: _____

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Student's Name: _____ Date of Birth: ____/____/____

Last First MI

Address of Residence: _____

Street City State Zip

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School of residence: _____ School presently attending: _____

Please list in order, beginning with the most recent, school(s) attended in the past:

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Name of School: _____ Year: _____ Grade: _____

Name of School: _____ Year: _____ Grade: _____

Reason for requesting to attend the Virtual Learning Center: _____

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Have you previously been a full-time virtual learning student in the District?

☐ No

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☐ Yes - Complete the following (This information should be accessible in the Virtual Learning Platform):

➤ Number of courses attempted _____

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➤ Number of courses completed with a passing grade _____

➤ Number of high school credits earned _____

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Student's Signature: _____ Date: _____

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If approved, parents/guardians are expected to regularly monitor their student's academic performance and behavior to support maintaining satisfactory performance levels.

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Name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	
Relationship to Student	
Parent/Legal Guardian Cell Number	
Parent/Legal Guardian Email	

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Return this completed application to the Principal at your school of residence.

This request is ☐ Approved ☐ Denied – Reason: _____

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Principal/designee's Signature: _____ Date: _____

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Date notification sent to Parent/Legal Guardian: _____

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Course and Assessment Rubric

COURSE NAME: _____ COURSE DESIGNER: _____

FIELD(S) OF CERTIFICATION: _____ COURSE CODE: _____

COURSE DESCRIPTION: _____

_____PROPOSED PROGRESS CHECK POINTS: _____

ALIGNMENT: This course is aligned with the standards and instruments noted below:

ACADEMIC EXPECTATIONS	<u>KENTUCKY ACADEMIC STANDARDS</u>		K-PREP
	ENDURING UNDERSTANDINGS	KEY SKILLS & CONCEPTS	
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

ASSESSMENT _____ METHOD(S): _____

_____Minimum Requirements for Demonstration of Proficiency: _____

Full-Time Virtual Performance-Based Learning Contract

School Year _____ / _____

Student Name: _____ School of residence: _____

Due to the uniqueness of the online Virtual Learning (VL) Program, certain standards and behaviors are expected of students. As a student enrolled in the Virtual Learning Program, I agree that:

Formatted: Justified**FOLLOW DISTRICT POLICIES/PROCEDURES****Formatted:** sideheading

1. I will follow all state and District policies/procedures. I understand that if I violate the Code of Conduct then I can be immediately removed from the program.
2. I will follow policies/procedures specific to the course(s) I am enrolled in as well as other rules as specified by the VL Supervisor.
3. I will attend mandatory state testing. If I fall behind and require tutoring sessions, then I must attend and fully participate.

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4. Appropriate use of the Internet is expected at all times. All terms outlined in the District's Student Acceptable Use Policy and Student Code of Conduct apply to this contract.
5. All course work and submissions that I do may be retrieved and/or monitored by the school at any-time.
6. I must not inappropriately use information within the course and will only use for authorized purposes.
7. I will protect my username and password by not sharing my login information with others.
8. I will not attempt to bypass any security protocols.

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9. I can create and maintain a study schedule without daily face-to-face interaction with a teacher.
10. I understand that the VL Supervisor holds the right to log me off, give me additional activities, make me redo activities, and/or suspend my privileges if they deem it necessary.
11. I understand that I must make satisfactory academic progress as determined by the VL teacher and complete the course by the end of the year or timeframe outlined by the VL teacher. Failure to do so may result in a failing grade. I will adhere to all other school timelines for completion of course requirements. The District's policies will take precedence in meeting program/course requirements.
12. I need to plan and work ahead if family or personal activities will limit course activities at any given time.
13. Blank or incoherent submissions are not considered submitted assignments.
14. I understand that if I do not make sufficient academic progress at mid-term, I may be asked to attend in-person instruction full-time. I understand that if I do not make sufficient academic progress by the end of a term, I will be required to return to in-person instruction full-time.

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Full-Time Virtual Performance-Based Learning Contract**COMMUNICATION**

15. I will respond to communication in a timely manner (one [1] business day). Failure to communicate and respond to school staff will result in returning to in-person instruction full-time.

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ACADEMIC HONOR POLICY

16. (please initial) I understand and agree that all work submitted must represent my original ideas or I will appropriately cite all sources. I understand that no one other than I can complete any portion of an assignment, activity, or exam, or make revisions to an assignment, activity, or exam. Failure to do so can result in a failing grade.

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TECH SUPPORT

17. My parent or I can email the VL Supervisor if we are having trouble with the learning program.

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STUDENT ACKNOWLEDGEMENT & UNDERSTANDING

Please initial the statements below and provide your signature and the date.

I read, understand, and acknowledge all the expectations and the policies as set forth in this document.

I agree to abide by the guidelines as stated.

Student's Signature: _____ Date: _____

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PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT & UNDERSTANDING

Please initial the statements below and provide your signature and the date.

I read, understand, and acknowledge all the expectations and the policies as set forth in this document.

I agree to abide by the guidelines as stated.

Parent/Legal Guardian's Signature: _____ Date: _____

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On ____/____/____, _____ will begin this contract that will ensure his/her success in
(Starting Date) (Name of Student)

the _____ High School Performance-Based Learning Program.
(School Name)

Pre-Placement Criteria:

- ☐ Appropriate data is available and has been reviewed by the Principal and other stakeholders.
- ☐ Data supports that an appropriate continuum of services has been provided.
- ☐ If the student receives special education services, an ARC has determined placement of the student on Performance-Based Learning and the IEP has been adjusted to reflect the revised educational setting.
- ☐ The student has internet and computer access.
- ☐ The Principal, parent(s), student, and other stakeholders are in agreement with the decision to enter into a Performance-Based Learning Agreement.

_____ Performance-Based Learning Program is a virtual learning program with
(School Name)
courses offered through Edgenuity with oversight and support from school personnel. Coursework is rigorous and aligned with Kentucky Academic Standards. Your schedule will be matched to the best of _____ ability based on the curriculum offered through Edgenuity. Scheduled
(School Name)
courses in Edgenuity will reflect a full schedule at _____.
(School Name)

The student agrees to the following requirements of the Performance-Based Learning Program:

0. The student must remain enrolled at _____ and will adhere to the Student Code
(School _____ Name)
of Expected Behavior and Conduct.
0. Participation in school activities/events will be determined by the Principal.
0. The student will work toward one (1) of the following diplomas:
 - ☐ 22-credit Kenton County Basic Diploma (The student must be enrolled for 8 semesters of high school and application must be completed and signed by the student and parent/guardian.)
 - ☐ 28-credit _____ Diploma
(School Name)
0. Participation in graduation ceremonies will be determined upon completion of graduation requirements.
0. Participation in progress review conferences at least once a semester at the school or more frequently as determined by the Principal.

Notes:

Performance-Based Learning Contract

The student agrees to the following Expectations of the Performance-Based Learning Program:

- 0. Develop a daily schedule to meet weekly goals assigned by the program coordinator.
- 0. Be on time for all scheduled meetings.
- 0. Log on daily and actively make progress in his/her coursework.
- 0. Meet or exceed the individualized weekly goals set forth by the program coordinator in the weekly updates.
- 0. Communicate with the program coordinator any questions, concerns, status changes, quiz/test retakes, etc. to ensure congruency between the program coordinator, the student, and/or parent/guardian.
- 0. Respond to phone or email communication from the school within 24 hours.

Phone Number: _____ Email: _____

Notes:

As the parent/guardian of a student in the Performance-Based Learning Program, I agree to:

- Partner with the school in the success of my child.
- Monitor my child's implementation of his/her daily schedule and progress toward weekly goals.
- Participate in progress review conferences at least once per semester at the school or more frequently if determined by the Principal.
- Be available to the school so information about my child's progress can be shared and respond to messages within a reasonable amount of time (preferably one business day).

The best way to communicate with me about my child's progress is:

Phone (Please call this number): _____

Email: _____

Other: _____

The best time of day to reach me is: _____

Notes:

Performance-Based Learning Contract

The Performance-Based Learning Program agrees to the following:

- Communicate regularly with the parent and student about progress and weekly goals.
- Be available during school hours for questions and academic support.
- Respond to emails and phone calls within a reasonable amount of time (preferably one business day).
- Participate in a progress review conference at least once per semester at the school or more frequently if determined by the Principal.
- Support social/emotional services if applicable.

Social/Emotional Services? ☐ Yes ☐ No

Type of Social/Emotional Service (Circle all that apply):

Small Group Sessions ☐ Scheduled Sessions with School Counselor ☐ KTP

School-Based Mental Health Provider ☐ Mental Health Provider Outside of School ☐

Please explain how the student will continue receiving his/her school-based services:

If a student receives services through an outside provider:

Frequency: _____ Provider: _____

Consent to share on file: Yes ☐ No ☐

Notes:

If at any time, the Principal determines the student is not being successful as a Performance-Based Learning student, the Principal may take corrective measures which may include removal of the opportunity to participate in the Performance-Based Learning Program and a return to the regular school day.

By signing this contract, all parties agree to the stipulations in the document and will follow accordingly.

Printed Name of Student

Student Signature

Printed Name of Parent/Guardian

Parent/Guardian Signature

Printed Name of Coordinator/Administrator

Coordinator/Administrator Signature

Printed Name of Administrator

Administrator Signature

Performance-Based Learning Contract**WEEKLY CHECK-IN SCHEDULE**

Frequency (Daily, Weekly, etc.)	Check-In Type (Email—Progress—Report; Phone, Scheduled Time at School, etc.)	Other

WHO TO CONTACT:***Performance-Based Learning School Coordinator***

Name: _____

Phone Number: _____

Email: _____

Contact the Performance-Based Learning School Coordinator for questions about Edgenuity and how it works, student academic support, troubleshooting, and questions about progress. Expect to receive a weekly report, generate by Edgenuity, which reviews progress in classes.

Any other questions or concerns, contact:

Name: _____

Role: _____

Phone Number: _____

Email: _____

****Once the contract is complete, make a copy for all parties, send a copy to the District PBI designee, and complete the only PBI form.**

Gifted and Talented Students**DEFINITIONS**

Disadvantaged: Those students who are eligible for free or reduced price lunch and/or operating under conditions detrimental to normal cognitive or affective growth due to socioeconomic limitations, cultural factors, geographic isolation, or various combinations of these factors.

Ethnic/Racial Minorities: those students so identified by census codes.

Gifted and Talented Students: that category of students who are identified as possessing demonstrated or potential ability to perform at an exceptionally high level in general intellectual aptitude, specific academic aptitude, creative or divergent thinking, psychosocial or leadership skills, or in the visual or performing arts.

Students with Disabilities: those students who are identified as disabled according to definitions established by the state department of education.

SELECTION FOR SERVICES

The District shall systematically collect data each school year that will provide the target population of candidates for services in the following grade span groupings.

Primary

Each school having primary students shall establish a talent pool of students who qualify for instruction in the gifted program.

The talent pool shall include students with disabilities, ethnic/racial minorities, and who are disadvantaged. Underachieving students displaying gifted characteristics shall be included in the talent pool.

The students in the primary talent pool (**PTP**) shall be identified in the following manner:

1. Teachers will be asked to submit data which includes characteristics of students they believe to have potential for gifted or talented. The data shall include a minimum of three (3) of the following indicators of student performance:
 - a. A collection of evidence demonstrating student performance;
 - b. Inventory checklists of behaviors specific to gifted categories;
 - c. Diagnostic data;
 - d. Continuous progress data (narrative report card);
 - e. Anecdotal records;
 - f. Behavior checklist and questionnaires;
 - g. Available formal test data;
 - h. Other valid documentation such as that obtained from primary portfolios (e.g., writing sample); or
 - i. Parent nomination.

Gifted and Talented Students**SELECTION FOR SERVICES (CONTINUED)**

2. The teacher(s) will be asked to submit a list of potential candidates s/he has observed in the classroom. The Gifted Education Committee will review student data and evidence to recommend students for identification in the PTP.

No student shall be eliminated from the talent pool based solely upon normed measures. However, normed measures may be used for diagnosing the level of instructional service needed by a student and for evaluation of student progress.

Each school shall forward to the parent/guardian of each student in the talent pool, a permission slip requesting authorization for diagnosis of their child prior to administering any individual normed measure. The permission slip must be signed by the parent/guardian and returned to the school.

Grades 4-8

To qualify for the gifted and talented program in grades four (4) through eight (8), the student shall meet the criteria in at least one (1) gifted and talented category.

Qualifications for grades four (4) through twelve (12) shall be as outlined in the District's Formal Identification Guidelines.

ELIGIBILITY FOR SERVICES

Teachers shall be provided information on how to recommend new students for the program. New referrals shall be identified according to the standards established for each grade span.

Based on the data gathered by the Gifted and Talented Coordinator or gifted education teacher, a selection/placement committee shall determine those students who are eligible for gifted education services and the level of the services to be provided. This committee shall consist of the Principal/designee, the Gifted and Talented Coordinator and/or the gifted education teacher, classroom teacher(s), teacher(s) of students with disabilities, counselor(s), and consulting professional(s), as appropriate. ~~The Gifted and Talented Selection and Placement Committee (GTSPC) in each school shall consist of administrator, Gifted and Talented teachers, appointed by the Superintendent, shall consist of: the Gifted and Talented Coordinator (chair), the appropriate Assistant Superintendent, the Elementary and Secondary Program Coordinators, the District Assessment Coordinator, all District Gifted and Talented teachers, one (1) Secondary Principal, one (1) Elementary Principal, one (1) elementary classroom teacher, one (1) middle school classroom teacher, and one (1) parent representative.~~

~~In the fall of each school year, prior to the opening of the upcoming school year, the GTSPC shall review and analyze the information collected and recommend student placement.~~

Students who fit the definition of a typical or special population of gifted and talented (are disabled, member of an ethnic/racial minority, or disadvantaged) shall be referred to the committee for consideration.

Parents shall be informed of procedures for selection in PTP and formal Gifted identification.

~~The GTSPC shall accept appeals or new referrals at their regularly scheduled meetings.~~

Gifted and Talented Students**SERVICE DELIVERY**

With the exception of academic competition, performances, and extra-curricular offerings, services shall be provided during regular school hours. Identified gifted and talented students are receiving services to meet their needs when they are not present in the classroom; therefore, they shall only be required to make up work and/or homework assignments that, if needed, reflect that day's activities.

Multiple service delivery options shall be provided at all levels.

In the primary talent pool program, teachers shall implement cluster grouping and differentiated study experiences with the identified students. A minimum of two (2) service delivery options may be utilized. Services shall allow for continuous progress through a differentiated curriculum and flexible grouping based on the individual needs, interests, and abilities of the students.

In grades four through twelve (4-12), multiple service delivery options shall include a minimum of two (2) options from the following list:

Mentorships	Content Acceleration
Independent Study	Grade Acceleration
Advanced Placement	Honors Program
Collaborative Teaching	Resource Services
Counseling Services	Seminars
Extra-curricular Activities	Travel Study
Cluster Grouping	Self-contained Classes
Pull-out Services	Itinerant Services
Regular Classroom Environment	Distance Learning

Services selected may differ in each grade level and shall meet the needs, interests and abilities of identified students.

Gifted Resources teachers shall work with regular classroom teachers in a resource/collaborative mode and in pull-out settings and/or appropriate instructional settings. Additional enrichment services shall be provided in the regular classroom by the regular classroom teacher.

CURRICULUM

The Kentucky Department of Education provides a curricular model that all gifted programs are required to use. The model stresses differentiated experiences, thought processes, and content and product modifications.

Curriculum content shall include instructional strategies related to both cognitive and affective learning consistent with the state curriculum guide.

Curricular materials shall be those designed to challenge the gifted learner and accommodate different learning styles.

Activities utilized to implement the program shall match the learner's needs, interests, and abilities and shall differ qualitatively from those provided in the regular classroom.

Services to students with exceptional talents may be provided through use of community resources that are not available within the school system.

Gifted and Talented Students**MONITORING OF SERVICES**

Should a child experience stress or discomfort in the gifted and talented program, parent(s) should communicate with the gifted program teacher. If the situation is not resolved, the gifted program teacher and the child's regular teachers shall meet with the parent(s) to work toward an appropriate solution.

Should regular classroom or other options be found to be in the best interest of the student, the staff shall continue to be available for assistance. The child's giftedness does not change, only the service options. Unresolved issues shall be referred to the school GTSPC and then to the Gifted and Talented Program Coordinator if resolution is not received.

If the gifted student has a disability, the student's ARC shall determine if placement is correct. The gifted program teacher and/or classroom teacher shall provide the ARC a description of the student's progress in the program.

Students in advanced classes (grades 9-12) must apply to the counseling department in order to transfer to another class. Likewise, students with unsatisfactory class performance may be removed from such classes by the counseling department with the recommendation of the classroom teacher.

PERSONNEL

The Gifted and Talented Coordinator, designated by the Superintendent, shall meet those certification requirements necessary for serving in that position and shall oversee the District's Gifted and Talented program.

Teachers providing direct services to gifted students for more than one-half of the school day shall have either an approval to teach gifted, or an endorsement on their teaching certificate. The base certificate shall be valid relative to the grade level to which the teacher is assigned.

All Gifted and Talented Lead teachers shall be provided professional development training on identifying and working with gifted and talented students.

FUNDING

The District shall submit an application to the state in which seventy-five percent (75%) of the state gifted allocation shall be used in the category of personnel, including salary, and fixed charges.

The Gifted and Talented Coordinator shall be responsible for budget decisions concerning the state grant for the gifted and talented program and for ensuring that all statutes and administrative regulations are met as required to receive state funding for the gifted and talented program.

Funding for any services beyond the state allocation shall be determined in the District budget.

PROGRAM EVALUATION

Data shall be collected for purposes of evaluating effectiveness of the gifted and talented program in the areas of student progress, community involvement, cost effectiveness, incorporation of gifted education into the regular school program, overall quality of instruction, and attitudes of students, parents and teachers toward the program.

Gifted and Talented Students**PROGRAM EVALUATION (CONTINUED)**

The Gifted and Talented Coordinator shall coordinate the annual, on-going process of evaluating all aspects of the gifted education program and make recommendations for upgrading those areas found to be deficient. Data collected in the annual evaluation shall be utilized in the school and District planning process. ~~The results of the evaluation shall be presented to the Board, and the Board shall determine if goals are being accomplished.~~

Gifted and talented teachers shall be responsible for collecting data and submitting it to the Gifted and Talented Coordinator in the spring of each year. ~~The Coordinator shall present and evaluation report to the Board.~~ The Coordinator is responsible for upgrading any deficiencies.

Assessment of student progress shall be based on portfolios, special projects, and classroom performance. Reports will be sent to parents twice each year, indicating the student's performance in process skills and quality of product in grades four through twelve (4-12).

PROCEDURAL SAFEGUARDS AND GRIEVANCES

A school district shall establish a grievance procedure through which a parent, guardian or student may resolve a concern regarding the appropriate and adequate provision of talent pool services or services addressed in a formally identified student's gifted and talented student services plan. This district-wide grievance procedure shall address:

1. The appealing party shall submit in writing to the District Gifted and Talented Coordinator outlining within ten (10) working days to the school GTSPC specifically reasons why s/he believes that screening/evaluation results are not accurate and/or why s/he believes an exception should be made, reconsideration given with regard to the screening/evaluation results for selection/identification purposes, or that services should be amended. The outline should provide a detailed explanation.
2. The District Gifted and Talented Appeals Committee ~~GTSPC~~ shall be formed in the event that an appeal is received. The appeals committee will meet within one (1) month of receiving a written appeal/petition form, compile a student profile and along with the petition or appeal to the Gifted and Talented Selection and Advisory Committee (GTSAC) which shall serve as the Appeals Committee. The profile shall include a recommendation with substantiating evidence from the child's present and previous teachers.
3. The District Gifted and Talented Coordinator ~~GTSPC~~ shall compile student data and present that, along with the appeal/petition, to the District Gifted and Talented Appeals Committee, hear appeals as needed, make a recommendation, and respond in writing to the appealing party within ten (10) working days of the meeting.. Should the appealing party not be the parent, the parent of the child shall also be informed of action taken.
4. The committee shall hear the appeal/petition, make a recommendation, and respond in writing to the appealing party within ten (10) business days of receipt of the appeal and accompanying information. If the appeal concerns the non-availability of appropriate service options, the Gifted and Talented Coordinator shall consult with school administration and/or SBDM council. ~~If the student is identified for the gifted and talented program, s/he may participate in the program as soon as the parent/guardian signs the permission to enroll form.~~

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Gifted and Talented StudentsPROCEDURAL SAFEGUARDS AND GRIEVANCES (CONTINUED)

5. If the committee rules in favor of the grievant, the following options shall apply, as appropriate:

- a) The student may participate in the program as soon as the appropriate forms are signed and returned by the parent/guardian.
- b) A change in either the Gifted Student Service Plan (GSSP) or provision of services shall be made in a timely manner.

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~~5.6.~~ If the student is not selected for the program and the appeal is denied, the party may submit by the GTSPC; a written appeal to the Superintendent. The Superintendent shall review previously presented information and administrative responses and conduct any necessary investigation. The Superintendent shall provide a written response to the parent/guardian, the Principal, and may be made to the District Gifted and Talented Coordinator, who shall respond in writing within ten (10) days of the parent/guardian's written appeal to the Superintendent.

PARENT EDUCATION

Parents of gifted students are charged with a special responsibility requiring information beyond normal parenting skills. To assist them, the gifted program shall provide such support services as:

- a) ~~•~~ Communication regarding local and state activities (Kentucky Association of Gifted Education).
- a) ~~Annual meeting regarding program activities.~~
- b) ~~A lending library from the District Resource Center.~~
- e) ~~•~~ Newsletter and/or other written communication regarding gifted and talented program activities and opportunities.

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Extended School/Direct Student Services

Eligible students shall be provided extended school (ESS) and/or direct student services (DSS) in accordance with the following procedures.

ELIGIBILITY FOR EXTENDED SCHOOL SERVICES

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

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

SELECTION FOR EXTENDED SCHOOL SERVICES

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

NOTIFICATION TO PARENTS OF EXTENDED SCHOOL SERVICES

~~Parents of eligible students shall be notified using Procedure 08.133 AP.2.~~

The District will inform parents and guardians of the availability of extended school services, the rationale for offering extended school services, and consequences of not obtaining a high school diploma.

~~STUDENTS ATTENDING PRIVATE, PAROCHIAL, OR HOME SCHOOLS~~

~~Students residing within the District's boundaries who attend private, parochial, or home schools shall be eligible for the after-school tutorial program or enrollment in the summer school program in the attendance area in which they reside. Parents should contact the building Principal in that attendance area or the District ESS Coordinator to enroll in the program.~~

DIRECT STUDENT SERVICES

Direct student services shall be available to students in schools identified by the State for comprehensive support and improvement and for low-achieving students in schools implementing targeted support and improvement plans. Direct student services include:

- Enrollment in academic courses not otherwise available at a student's school;
- Credit recovery and academic acceleration courses;
- Activities that assist students in successfully completing postsecondary level instruction that are accepted for credit at such institutions (Advanced Placement, International Baccalaureate, etc.);
- Components of a personalized learning approach such as high-quality academic tutoring; and

Extended School/Direct Student Services

DIRECT STUDENT SERVICES (CONTINUED)

- Transportation to allow a student enrolled in a school identified for comprehensive support and improvement to transfer to another public school.

Costs associated with direct student services shall be in compliance with state and federal law and regulations.

REFERENCES:

KRS 158.6459
704 KAR 3:390
P.L. 114-95, (Every Student Succeeds Act of 2015)

RELATED PROCEDURE:

08.133 AP.2

Notification to Parents of Child's Eligibility for Extended School Services

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 _____

DEAR PARENT:

School District personnel have determined that your child is eligible for extended school services (ESS), to help ensure that s/he progresses from grade to grade with his/her cohort and that:

- ☐ Student exits elementary school ready to meet academic expectations at the middle school level;
- ☐ Student exits middle school ready to meet academic expectations at the high school level; and
- ☐ Student exits high school ready to meet academic expectations at the postsecondary education level and in the workplace, with particular emphasis on literacy and mathematics.

This determination was based upon one (1) or more of the following:

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

A personalized intervention plan and goals will be included as part of your child's Individual Learning Plan.

NOTE: Pupils shall not be excluded due to the inability of the parent or student to provide transportation.

Principal/designee's Signature _____ Date _____

Essential Workplace Program Forms

NKY ESSENTIAL SKILLS CERTIFICATE APPLICATION
DEMONSTRATING LIFE READINESS

Student's Name: _____

Student's Email: _____

To be completed by a school administrator:

<input type="checkbox"/> All items completed, received, and verified	_____
_____ Total Number of Points Earned for standards 1-10	<u>Administrator's Signature</u>

In order to receive the NKY Essential Skills Certificate, students must:

- Earn at least eighteen (18) points (of the possible 22 points) for standards 1-5 below;
- Turn in a copy of your resume with this application; and
- Turn in documentation for community service or membership in extra-curricular activity.

1) Demonstrate reliability through self-control and ethical behavior.

1-point _____ No more than one discipline referral during the current school year

2-points _____ No discipline referrals during the current school year

2) Demonstrate reliability, motivation, and professionalism through daily attendance.

1-point _____ Student has maintained an attendance rate of 94% for the current school year

2-points _____ Student has maintained an attendance rate of 97% for the current school year

3-points _____ Student has maintained an attendance rate of 100% for the current school year

3) Demonstrate ability to work well with others by communicating, cooperating, and collaborating with others through networking.

1-point _____ Student has completed a minimum of six (6) hours of community service or held membership on a minimum of one (1) extra-curricular activity during this school year

2-points _____ Student has completed a minimum of 12 hours of community service or held membership on a minimum of two (2) extra-curricular activities during this school year

4) Demonstrate knowledge through the mastery of concepts in various content areas.

1-point _____ Student has an overall grade point average equivalent to a C

2-points _____ Student has an overall grade point average equivalent to a B

3-points _____ Student has an overall grade point average equivalent to an A

5) Demonstrate knowledge through the mastery of concepts in various academic or career areas.

1-point _____ Student has met the standard for Academic OR Career Readiness

2-points _____ Student has met the standard for Academic AND Career Readiness

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Essential Workplace Programs**NKY ESSENTIAL SKILLS CERTIFICATE APPLICATION****DEMONSTRATING LIFE READINESS**

Students need to earn a minimum of eight (8) points for standards 6-10 below:

For standards 6-10, signatures from two (2) current classroom teachers and/or co-op/work experience supervisors are required, indicating whether or not a student *Always*, *Often*, or *Seldom* meets this standard.

Provide the names of two (2) current teachers/supervisors you would like to complete this page. The school office will have them complete the form for you.

Teacher/Supervisor 1: _____

Teacher/Supervisor 2: _____

Two *Always* in one (1) standard earns two (2) points. A combinations of *Always* and *Often* earns one (1) point. Any standard that has at least one (1) *Seldom* earns zero (0) points.

6) Demonstrate organization, adaptability and diligence through strong personal management, time management, and flexibility

Signature	Circle One:			
1. _____	Always	Often	Seldom	
2. _____	Always	Often	Seldom	

7) Demonstrate diligence, reliability, initiative, and perseverance through classroom work ethic, assignment completion, and problem solving.

Signature	Circle One:			
1. _____	Always	Often	Seldom	
2. _____	Always	Often	Seldom	

8) Demonstrate respect, enthusiasm, and a positive attitude through behavior, manners, and effective communication skills.

Signature	Circle One:			
1. _____	Always	Often	Seldom	
2. _____	Always	Often	Seldom	

9) Demonstrate professionalism through high quality work standards, honesty, and integrity.

Signature	Circle One:			
1. _____	Always	Often	Seldom	
2. _____	Always	Often	Seldom	

10) Demonstrate effective teamwork skills through their work with other students, teachers, and administrators.

Signature	Circle One:			
1. _____	Always	Often	Seldom	
2. _____	Always	Often	Seldom	

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Promotion and Retention

Schools shall comply with the following promotion, retention, and placement rules and procedures:

PRIMARY SCHOOL

Continuous progress: Students progress through the primary school program at their own rate without comparison to the rate of others or consideration of the number of years in school.

Council or school policy shall determine assignment of primary school students to classes and programs within the school. Promotion from the primary program shall be in compliance with applicable administrative regulations and shall be based on established exit criteria. A school team, which includes the parent of an identified child, will consider and recommend the appropriate early or delayed exit for any student in the primary program. Such review will take place at least thirty (30) days before such decision takes effect. [The meeting will be documented on the Conference Summary form \(08.22 AP.21\) and signed by all participants in the meeting.](#)

NOTE: Per 704 KAR 3:440, retention and promotion within the primary school program are not compatible with continuous progress.

ALL OTHER GRADES

Promotion of a student in Grades 4-12 shall be determined by the teachers in accordance with criteria required by Policy 08.22.

In addition, promotion/retention at the high school level (Grades 9-12) shall be determined by the number of credits earned.

RETENTION (GRADE 4 THROUGH MIDDLE SCHOOL)

1. Retention may occur if the student fails to:
 - a) Make satisfactory progress in the class/subjects, based on such criteria as recorded grades/scores on tests, homework and projects and class participation points.
 - b) Progress satisfactorily on the academic expectations.
2. Parent(s) have been notified of the possibility of the student's retention by mid-year or as soon after mid-year as the teacher perceives the possibility of retention.
3. The notification has been sent by letter [\(08.22 AP.2\)](#), signed by the teacher and the Principal. The letter shall describe the problem and request the parent(s) to meet with the Principal and the teacher.

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PLACEMENT OF STUDENTS FROM NON-ACCREDITED SCHOOLS

The Principal, counselor, and teachers shall determine the assignment/placement of pupils enrolling from private schools or home schools in accordance with the following guidelines:

1. Information about course work and progress is requested from the school.
2. The student is enrolled on a probationary status in the grade suggested by the parent.
3. Formal and informal testing is administered in each curriculum area, as appropriate.
4. Final placement is made after an evaluation of test data, the student's physical and social maturity, and classroom performance during the probationary period.
5. Parents are informed of final placement within ☐ three (3) weeks ☐ six (6) weeks ☐ nine (9) weeks of enrollment. Final placement may be higher than, lower than, or the same as placement during the probationary period.

Promotion and Retention

PLACEMENT OF STUDENTS FROM NON-ACCREDITED SCHOOLS (CONTINUED)

6. In addition to the preceding guidelines, high school students will receive credits (Carnegie units) provided they meet the following criteria:
 - a) Comprehensive tests are taken in each subject area in which the student participated in the school. Comprehensive tests ☐ shall be ☐ may be administered within ☐ three (3) weeks ☐ six (6) weeks ☐ nine (9) weeks of the date of enrollment. Students will not be permitted to retake comprehensive tests.
 - b) Credits are awarded in each subject area in which the student attains a minimum passing grade based on the ☐ school's ☐ District's grading scale.

RELATED POLICIES:

08.113
08.22

Promotion and Retention Letter<Date>

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To the Parent/Guardian of:<Student Name><Address><City, State Zip>

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Dear <Parent/Guardian>:

We are very concerned with the academic progress of your child, and want to make you aware that s/he may need to spend an extra year in the current primary grade level for the next school year. In our conference(s) and/or communication(s) on <date>, we discussed the area(s) of concern for your child. We also decided the following things would be implemented to assist your child:

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Thank you for working together with us on these concerns. We will have another conference in the spring to make the final promotion/retention decision.

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Sincerely,

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<Name>, Principal<Name>, Teacher

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Cc: Student's Cumulative Folder

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RELATED POLICY:

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08.22

Promotion and Retention Conference Summary Form

Date: _____

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Student Name: _____

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The purpose of this meeting is to discuss the possibility of the student needing to spend an extra year in the current primary grade level for the next school year.

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Participant's Signatures:

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RELATED POLICY:

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STUDENTS

09.224 AP.21

Enrollment/Emergency Information Form

An ADOBE fill-in form is available at www.kenton.kyschools.us. You must be able to print the form after completing and return to school.

School: _____ Grade: _____

STUDENT INFORMATION

Legal Name of Student (First, M. Last) _____

Gender of Student: _____ Date of Birth: _____

☐ Check for 1st time enrollment in a Kentucky School Student Nickname: _____

Birth Place: (Birth Certificate or other reliable proof of birth required by KRS 158.032): _____

Ethnicity (must choose one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

(choose all that apply) ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Native Alaskan
☐ Native Hawaiian/Other Pacific Islander

Household Phone No. _____

Household Address _____ City _____ Zip _____

Household Mailing Address (if different) _____ City/Zip _____

Has your child ever been enrolled in a Ky. School? ☐ Yes ☐ No If "yes", please name the last school attended and its address. _____

Social Security Number (Optional): _____

To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students' social security card MUST be on file.

LEGAL PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT (STUDENT'S PRIMARY HOUSEHOLD)

Legal Name: _____	Suffix: _____	Legal Name: _____	Suffix: _____
Relationship to Student: _____	<input type="checkbox"/> Foster	Relationship to Student: _____	<input type="checkbox"/> Foster
Phone: Home () _____	Work () _____	Phone: Home () _____	Work () _____
Cell Phone: () _____	email: _____	Cell Phone: () _____	email: _____
Place of Employment: _____		Place of Employment: _____	

SCHOOL-AGED SIBLINGS LIVING IN SAME HOUSEHOLD AS STUDENT

Legal Name: _____	Age: _____	School Attending: _____	Grade: _____
Legal Name: _____	Age: _____	School Attending: _____	Grade: _____
Legal Name: _____	Age: _____	School Attending: _____	Grade: _____

LEGAL PARENTS/GUARDIANS LIVING AT A DIFFERENT ADDRESS FROM STUDENT (FOR MAILING/PARENT PORTAL)

Legal Name: _____	Suffix: _____	Legal Name: _____	Suffix: _____
Relationship to Student: _____	<input type="checkbox"/> Foster	Relationship to Student: _____	<input type="checkbox"/> Foster
Does this parent/guardian have joint custody? _____		Does this parent/guardian have joint custody? _____	
Address: _____		Address: _____	
City: _____	State: _____	City: _____	State: _____
Phone: Home () _____	Work () _____	Phone: Home () _____	Work () _____
Cell Phone: () _____	email: _____	Cell Phone: () _____	email: _____
Place of Employment: _____		Place of Employment: _____	

Is there a court order restricting this person's access to this student? ☐ No ☐ Yes (a copy of the court order **MUST** be provided)

Is there a court order restricting this person's access to this student? ☐ No ☐ Yes (a copy of the court order **MUST** be provided)

STUDENTS

09.224 AP.21
(CONTINUED)

Enrollment/Emergency Information Form

TRANSPORTATION

- ☐ Transported one (1) mile or more to school ☐ AM & PM Transportation ☐ AM Transportation Only
☐ PM Transportation Only ☐ Not Transported by School Bus

EMERGENCY CONTACTS (AN EMERGENCY CONTACT IS SOMEONE THE SCHOOL WILL CONTACT SHOULD SOMETHING HAPPEN TO YOUR CHILD. YOU CAN LIST UP TO THREE (3) EMERGENCY CONTACTS. LEGAL PARENTS/GUARDIANS WILL ALWAYS BE CALLED FIRST.)

Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____

MEDICAL/PHYSICIAN INFORMATION

Doctor: _____ Dentist: _____

Do you have health insurance? ☐ Yes ☐ No

It is the legal parent/guardian's responsibility to send in writing, any pertinent information each year to the school nurse about serious health conditions. This information will be shared with appropriate school staff. An Administration of Medication Permission Form must be on file for any medication given to a student during the school day.

MIDDLE/HIGH SCHOOL ONLY

Has this student participated in varsity sports? ☐ Yes ☐ No If "yes", this student must complete the KHSAA Transfer Form obtained through the Athletic Office.

SPECIAL SERVICES

Has this student ever been enrolled in special education? ☐ Yes ☐ No

If "yes", at what grade level(s)? _____ What school? _____

Does this student have any physical disabilities? ☐ Yes ☐ No If "yes", please describe: _____

Does this student have a 504 Plan? ☐ Yes ☐ No If "yes", please describe: _____

Has this student been formally identified as Gifted/Talented? ☐ Yes ☐ No If "yes", in what area? _____

HOME LANGUAGE SURVEY

1. What language is most frequently spoken at home? _____
2. What language did your child learn when s/he first began to speak? _____
3. What language does your child most frequently speak at home? _____
4. In what language do you most frequently speak to your child? _____

STUDENTS

09.224 AP.21

(CONTINUED)

Enrollment/Emergency Information Form

Has your child ever been adjudicated guilty or previously expelled for homicide, assault or violations relating to weapons, alcohol, or drugs? ☐ Yes ☐ No

KRS 158.155 requires that a parent/guardian report this conduct to school officials on the Kenton County School Disclosure/Compliance Form and verbally. (Please ask school administration for this form.)

Is your child currently under suspension from another school? ☐ Yes ☐ No

I, as legal parent/guardian, hereby state that the information contained on both sides of this form is accurate to the best of my knowledge. I am aware and I authorize the District to share pertinent medical information with any household member, emergency contact, school staff, paraprofessionals, coach volunteers and emergency personnel and to seek medical assistance for my child in an emergency. I also authorize the use of electronic sharing to communicate pertinent medical information to necessary personnel

Parent/Guardian Signature: _____ Date: _____

If you did not receive the Student Code of Acceptable Behavior and Discipline which includes Regulations for Riding School Buses, please contact the school for a copy.

The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.

"El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otra grupos de jóvenes designados."

STUDENTS

09.224 AP.21

(CONTINUED)

Home Language Survey

KENTON COUNTY SCHOOL DISTRICT

Dear Parent/Guardian:

The purpose of the Home Language Survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance.

The HLS must be given to all students in grades K-12 upon their initial enrollment in the District as a first screening process to identify potential English learner students. The HLS is administered one (1) time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the required survey questions below, the District is legally obligated to do further assessment of your child to determine if he/she is eligible for language support.

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

STUDENT INFORMATION (REQUIRED):

Name: _____

Grade: _____

STUDENT LANGUAGE BACKGROUND (REQUIRED):

1. What is the language most frequently spoken at home? _____

2. Which language did your child learn when he/she first began to talk? _____

3. What language does your child most frequently speak at home? _____

4. What language do you most frequently speak to your child? _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

FOR SCHOOL USE ONLY

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____

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EXPLANATION: SB 127 AMENDS KRS 158.836 TO CHANGE THE DEFINITION OF EPIPENS OR OTHER EPINEPHRINE AUTO-INJECTORS TO INJECTABLE EPINEPHRINE DEVICES.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.21

Administration of Medication Permission Form

School: _____ Phone: _____ FAX: _____

Dear Parent/Guardian,

If medication administration is required during the school day, whether prescription or non-prescription, **this form must be completed and signed by both a physician and parent**. For any questions, please contact the school nurse.

All medications are kept in the first aid room and must be in the original container with label affixed. For prescription medication, your student's name must be on the label and the label must match the directions on this form. The initial dose of a medication cannot be administered at school.

Pursuant to KRS 158.834, KRS 158.838, and KRS 158.836, Board policy permits a responsible, trained student to carry and/or self-administer medication for asthma (inhaler), severe allergic reaction (Epi-pen), seizures (FDA approved for rescue or symptoms) or diabetes (Glucagon) on his/her person for immediate use in a life-threatening situation with a written physician's order, parent request, school nurse and Principal approvals. We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

A new form is required for any changes in medication orders. This form may be faxed to the school to the number listed above.

The duration of this form is for one (1) school year only. SCHOOL YEAR: _____

NAME: _____ DATE OF BIRTH: _____ GRADE: _____ ALLERGIES: _____

To be completed by Physician or Authorized provider

1. Medication: _____ Dosage: _____ Directions: _____

Administration Time: Lunch _____ or _____ Route: _____ Diagnosis/Condition: _____

Possible Side Effects: _____ Duration: Start _____ Stop _____

**In the case of an inhaler, injectable epinephrine device Epi-pen, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes _____

2. Medication: _____ Dosage: _____ Directions: _____

Administration Time: Lunch _____ or _____ Route: _____ Diagnosis/Condition: _____

Possible Side Effects: _____ Duration: Start _____ Stop _____

**In the case of an inhaler, injectable epinephrine device Epi-pen, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes _____

3. Medication: _____ Dosage: _____ Directions: _____

Administration Time: Lunch _____ or _____ Route: _____ Diagnosis/Condition: _____

Possible Side Effects: _____ Duration: Start _____ Stop _____

**In the case of an inhaler, injectable epinephrine device Epi-pen, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes _____

****PARENT/GUARDIAN AUTHORIZATION FOR SELF CARRY/SELF-ADMINISTER ONLY ****

I request that my child, named above, be permitted to: _____ carry _____ self-administer the above emergency medication. I take responsibility for this permission and will ensure the medication is not expired. I understand the medication must be in the original pharmacy container, labeled with name of student, prescribing health care provider, and medication; date of original prescription; strength and dose of medication; and directions for use.

PARENT SIGNATURE _____

DATE _____

STUDENT SIGNATURE _____

DATE _____

During school hours, I understand teachers, assistants, nurses or other trained school personnel may be administering these medications according to the specified physician's order and District policy. Schools have established individual procedures for where and when the students receive their daily medications. The student has the ultimate responsibility of reporting daily for their medication.

No medications will be sent home with students. All unused medications and medications without orders not picked up from the school by a parent within five (5) days will be discarded.

I give permission for the storage and administration of this medication by trained school personnel accompanying my student on a field trip or school related function in Kentucky and/or other states. In the case of field trips or school-related functions, slight variations to the time the medication is administered may also be necessary. Unless indicated otherwise, student may self-administer medication with school trained personnel supervision while on a field trip.

I hereby release the Kenton County Board of Education and its employees from any claims or liabilities connected with their reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

*Parent's Signature _____

Parent's Phone _____

Date _____

*Physician's Signature

Physician's Phone

Date

*Print Physician's Name

Physician's Address

Fax Number

Principal's Signature (For self-carry only)

School Nurse Signature

Date Form Rec'd in Office

Administration of Medication Permission Form

Dear Parent or Guardian,

Any medication, prescription or non-prescription, which a student requires during school hours, should be delivered by a parent/guardian and given to the school nurse or secretary. Any medication found in a student's possession, including his/her backpack or locker, could result in suspension or expulsion. All unauthorized medications will be confiscated.

Please keep in mind that school is not the best place to administer medicines. Doses can be forgotten during the busy school day. If your child's medicine can be administered at home, please do so. Remember, the initial dose of a medication cannot be administered at school.

In order for the school to administer any medication to your student, you will need the following:

- *A Kenton County School District Administration of Medication Permission Form completed and signed by your child's physician. This form must also be signed by the parent/guardian. This form is available in the school office or first aid room.*
 - *Notes from parents requesting medication to be administered to students will not be accepted.*
 - *We cannot accept telephone permission for medication administration from a physician. Your doctor's office may fax the signed form to the school.*
- *Medication must be in the original container. All prescription medications must have the student's name on the label with directions for administration that match the permission form.*

If the above procedures are not followed, we will not be permitted to administer medication to your student at school.

Medications containing narcotics for pain relief or sedation should not be sent to school. For their own safety, children requiring this level of medication should remain at home until this medication is no longer required during the school day.

All unused medications not picked up from school by a parent within five (5) days will be discarded. No medication will be sent home with students.

We appreciate your cooperation in this matter and hope you understand these procedures are for the safety of all of our students.

Program Vendor Requirements

The Superintendent/designee(s) shall determine annually the types of deductions to offer and which companies to recommend to the Board.

For each type of payroll deduction, any company wishing to be added must maintain at least fifteen (15) payers (not number of contracts).

Companies with fewer than the number of required payers on a billing will be deleted at the end of the fiscal year for which they fell below the required number of payers.

In addition to the above requirements, payroll deduction companies must provide the services below:

- Coordinate with third-party administrator.
- Execute a master contract.
- Conform to all insurance regulations put forth by the Kentucky Department of Insurance.
- Designate a representative within a 100-mile radius and provide current name(s), address(es), and phone number(s).
- Provide information for comparison sheet.
- Provide current brochures with rates to all school employees.
- Provide ample supply of membership and claims forms
- Provide a timely billing procedure to conform to other deductions.
- Participate in annual benefits fair, if applicable, and/or meet with staff during noninstructional times as designated by the Principal.
- Furnish 1099's for benefits paid under Section 125 and refunds of tax-exempt premiums.
- Provide [fax or internet options](#)~~watts line~~ for billing, claims, and questions relating to coverage.
- ~~Provide Fax number for faster correspondence.~~

Contracts of Agreement**CONTRACT OF AGREEMENT FOR BASIC DIPLOMA**

Student Name: _____ Grade: _____

High School: _____

Students meeting the following criteria may apply for a Kenton County Basic High School Diploma that meets the state minimum requirements as set in 704 KAR 3:305. Please check that the following have been met.

1. ☐ Principal's Recommendation
2. ☐ All SWS/Alternative School options have been reviewed
3. ☐ Enrolled in a Kenton County High School for two (2) semesters. ~~Semester 1:~~ _____
Semester 1: _____ Semester 2: _____
4. ☐ In order to meet the four (4) year attendance requirements, this diploma shall not be awarded to any student prior to the graduation date of the class with which s/he entered public school or class of which s/he would have been a member.

FR/Year 1: _____ SO/Year 2: _____ JR/Year 3: _____ SR/Year 4: _____
5. ☐ Student has written permission from their parent/guardian for participation (only applicable if student is under 18 years of age.)
6. ☐ Student has demonstrated performance-based competency in technology.
7. ☐ Student has met the Kentucky Minimum High School Graduation Requirement outlined in 704 KAR 3:305 and Board Policy.
8. ☐ Student has successfully passed the required Civics Test.

~~Students receiving the Kenton County Basic High School Diploma will not be allowed to participate in the graduation exercises at their assigned high school.~~ Basic Diplomas will be granted at a Board meeting following the completion of all course work, contract terms and after graduation of student's class. Acceptance must be prior to completion date.

Fill out all information below to show total credits earned. Check the courses completed and list uncompleted courses.

English (4 credits needed):

- | | |
|-----------------------|-----------------------|
| 1. Course Name: _____ | 2. Course Name: _____ |
| 3. Course Name: _____ | 4. Course Name: _____ |

Mathematics (3 credits needed):

- | | |
|---------------------|--------------------------------------------|
| 1. Algebra I: _____ | 2. Algebra II: _____ |
| 3. Geometry: _____ | 4. 4 th Year Course Name: _____ |

Science (3 credits needed):

- | | |
|-----------------------|-----------------------|
| 1. Course Name: _____ | 2. Course Name: _____ |
| 3. Course Name: _____ | 4. Course Name: _____ |

Contracts of Agreement**CONTRACT OF AGREEMENT FOR BASIC DIPLOMA****Social Studies** (3 credits needed):

- | | |
|-----------------------|-----------------------|
| 1. Course Name: _____ | 2. Course Name: _____ |
| 3. Course Name: _____ | 4. Course Name: _____ |

Health/PE (.5 credit each needed):

- | | |
|------------------|--------------|
| 1. Health: _____ | 2. PE: _____ |
|------------------|--------------|

Visual & Performing Arts (1 credit needed):

- | | | | |
|-----------------|-------------|-----------------|-------------|
| 1. Course _____ | Name: _____ | 2. Course _____ | Name: _____ |
|-----------------|-------------|-----------------|-------------|

Electives (7 elective credits required, attach additional forms if needed):

- | | |
|-----------------------|-----------------------|
| 1. Course Name: _____ | 2. Course Name: _____ |
| 3. Course Name: _____ | 4. Course Name: _____ |
| 5. Course Name: _____ | 6. Course Name: _____ |
| 7. Course Name: _____ | 8. Course Name: _____ |

Total Credits Earned at Acceptance: _____

Total Credits Earned Upon Completion: _____
(22 Minimum)**ACCEPTANCE OF CONTRACTUAL TERMS**

_____ Student Signature	_____ Date
_____ Parent/Guardian Signature	_____ Date
_____ Principal's Signature	_____ Date
_____ Superintendent/Designee's Signature	_____ Date

VERIFICATION/COMPLETION OF CONTRACTUAL TERMS AND FINAL TRANSCRIPT

_____ Principal's Signature	_____ Date
_____ Superintendent/Designee's Signature	_____ Date
_____ Board Meeting Date	_____ Student Informed of Board Meeting

Contracts of Agreement**CONTRACT OF AGREEMENT FOR KENTON COUNTY STATE MINIMUM STANDARDS DIPLOMA**

Student Name: _____ Grade: _____

ACCEPTANCE OF CONTRACTUAL TERMS

_____ Student Signature	_____ Date
_____ State Agency Signature	_____ Date
_____ Principal's Signature	_____ Date
_____ Superintendent/Designee's Signature	_____ Date

Students meeting the following criteria may apply for a Kenton County State Minimum Standards Diploma that meets the state minimum requirements as set in 704 KAR 3:305. Please check that the following have been met.

1. ☐ Principal's Recommendation
2. ☐ State Agency's Recommendation
3. ☐ All SWS/Alternative School options have been reviewed
4. ☐ Student has demonstrated performance-based competency in technology.
5. ☐ Student has met the Kentucky Minimum High School Graduation Requirement outlined in 704 KAR 3:305 and Board Policy. Date Completed _____
6. ☐ Student has successfully passed the required Civics Test.

Fill out all information below to show total credits earned.

English (4 credits needed): Credits at Acceptance of Contract _____ ☐ Contract Completed

Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit

Mathematics (3 credits needed): Credits at Acceptance of Contract _____ ☐ Contract Completed

Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit

Contracts of Agreement**CONTRACT OF AGREEMENT FOR KENTON COUNTY STATE MINIMUM STANDARDS DIPLOMA****Science** (3 credits needed): Credits at Acceptance of Contract _____ ☐ Contract Completed

Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit

Social Studies (3 credits needed):Credits at Acceptance of Contract _____ ☐ Contract Completed

Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit

Health/PE (.5 credit each needed):Credits at Acceptance of Contract _____ ☐ Contract Completed

Health/Credit	PE/Credit
---------------	-----------

Visual & Performing Arts (1 credit needed):Credits at Acceptance of Contract _____ ☐ Contract Completed

Course Name/Credit	Course Name/Credit
--------------------	--------------------

Electives (7 elective credits required, attach additional forms if needed):Credits at Acceptance of Contract _____ ☐ Contract Completed

Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit
Course Name/Credit	Course Name/Credit

Total Credits Earned at Acceptance: _____

Total Credits Earned Upon Completion: _____
(22 Minimum)

Contracts of Agreement

CONTRACT OF AGREEMENT FOR KENTON COUNTY STATE MINIMUM STANDARDS DIPLOMA

VERIFICATION/COMPLETION OF CONTRACTUAL TERMS AND FINAL TRANSCRIPT

_____ Principal's Signature	_____ Date
_____ Superintendent/Designee's Signature	_____ Date

Letter of Intent to Apply for Early Graduation

Intended Graduation Year _____

Student name	
SSID#	
Date of Birth	
Parent/Guardian name	
Permanent Mailing Address	
City, State, Zip code	
Parent phone number	
Parent email address	

High School Name:	District:
<u>Principal:</u>	
<u>District</u> Principal:	Mailing Address:
<u>Mailing Address:</u>	

Date student entered high school (MM/DD/YEAR) _____

Date student intends to graduate (MM/DD/YEAR) _____

Disclosures: (parent/guardian and student initial each statement)

_____ I have read and understand~~understood~~ the attached District Policy (08.113)~~information~~ regarding Early Graduation.

_____ I understand that this Intent to pursue Early Graduation is an accelerated pathway and I intend to meet the academic criteria and timeline of the intent, graduating within three years of entry into high school. By meeting these requirements, I am eligible for the Early Graduation Certificate and a diploma.

_____ I understand that, should I attain Early Graduation and be awarded an Early Graduation Certificate award, I may need to provide additional information to the Kentucky Higher Education Assistance Authority (KHEAA) in order to have funds sent to my college or university.

_____ I understand that failure to meet the Early Graduation criteria or timeline will result in having to complete the regular minimum requirements for high school, and forfeiture of the Early Graduation Certificate.

_____ I understand that if I intend to and attain Early Graduation, the Intent is not binding and I may choose to stay in high school to pursue available opportunities. I understand however, that by remaining in high school, I forfeit the Early Graduation Certificate.

Letter of Intent to Apply for Early GraduationSignatures: ~~(print name and sign)~~Student _____ Date _____
_____Parent/Guardian _____ Date _____
_____Principal _____ Date _____

Superintendent _____ Date _____

The student status as an Early Graduate is to be entered into Infinite Campus no later than October 1st of the academic year in which the student makes the declaration, as stated in Section 9 of 704 KAR 3:305.

The Signed and completed Intent form is to be uploaded into the student ILP

Date entered into IC _____ ~~Into~~-ILP _____

By (print name and sign) _____

If this student transfers to another Kentucky high school before completing Early Graduation, the Early Graduation Intent and information must be moved in Infinite Campus and a counselor must be assigned to monitor the student's progress.

Date moved _____

School, District _____

Date entered into IC _____

Access to Electronic Media

ELECTRONIC MAIL/INTERNET

The District offers students, staff, and members of the community access to the District's computer network for electronic mail and Internet. Because access to the Internet may expose users to items that are illegal, defamatory, inaccurate, or offensive, we require all students under the age of eighteen (18) to submit a completed [Electronic Access](#)~~Parent Permission~~/User Agreement Form (08.2323 AP.21, signed by their parent/guardian) to the Principal/designee prior to access/use. All other users will also be required to complete and submit an [Electronic Access](#)/User Agreement Form.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/District:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

In addition, parents wanting to challenge information accessed via the District's technology resources should refer to Policy 08.2322/Review of Instructional Materials and any related procedures.

GENERAL STANDARDS FOR USERS

Standards for users shall be included in the District's handbooks or other documents, which shall include specific guidelines for student, staff, and community member access to and use of electronic resources.

Access is a privilege—not a right. Users are responsible for good behavior on school computer networks. Independent access to network service is given to individuals who agree to act in a responsible manner. Users are required to comply with District standards and to honor the access/usage agreements they have signed. Beyond clarification of user standards, the District is not responsible for restricting, monitoring, or controlling the communications of individuals utilizing the network independently.

The network is provided for users to conduct research and to communicate with others. Within reason, freedom of speech and access to information will be honored. During school hours, teachers of younger children will guide their students to appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other media that may carry/broadcast information.

NO PRIVACY GUARANTEE

The Superintendent/designee has the right to access information stored in any user directory, on the current user screen, or in electronic mail. S/he may review files and communications to maintain system integrity and ensure that individuals are using the system responsibly. Users should not expect files stored on District servers or on District provided or sponsored technology services, to be private.

Access to Electronic Media**RULES AND REGULATIONS**

Violations of the Acceptable Use Policy include, but are not limited to, the following:

1. Violating State and Federal legal requirements addressing student and employee rights to privacy, including unauthorized disclosure, use and dissemination of personal information.
2. Sending or displaying offensive messages or pictures, including those that involve:
 - Profanity or obscenity; or
 - Harassing or intimidating communications.
3. Damaging computer systems, computer networks, or school/District websites.
4. Violating copyright laws, including illegal copying of commercial software and/or other protected material.
5. Using another user's password, "hacking" or gaining unauthorized access to computers or computer systems, or attempting to gain such unauthorized access.
6. Trespassing in another user's folder, work, or files.
7. Intentionally wasting limited resources, including downloading of freeware or shareware programs.
8. Using the network for commercial purposes, financial gain, or any illegal activity.
9. Using technology resources to bully, threaten or attack a staff member or student or to access and/or set up unauthorized blogs and online journals, including, but not limited to MySpace.com, Facebook.com or Xanga.com.

Additional rules and regulations may be found in District handbooks and/or other documents. Violations of these rules and regulations may result in loss of access/usage as well as other disciplinary or legal action.

RELATED POLICIES AND PROCEDURES:

08.2322

09.14

Device Home Use Agreement

The Kenton County School District recognizes that digital media, including the Internet, provides access to a wealth of instructional resources. In certain circumstances, instructional needs may warrant the use of KCSD technology at home, including but not limited to, Windows laptops, Chromebooks, and iPads. The following outlines the expectations for acceptable use of these devices.

- Use of KCSD technology, including access to the Internet using KCSD technology, must conform to the district's Acceptable Use Policy and the companion document in the KCSD Student Code of Conduct [and Expected Behavior](#).
- Parents/guardians must supervise their child's Internet use on district devices while at home.
- Only the student listed below may use the device(s) listed below.
- Parents/guardians and/or the student (if an adult) are responsible for any costs relating to repairs needed resulting from misuse, accidental damage, loss or theft.

By signing this, you agree to abide by the conditions [listed](#) above. I understand that should I fail to honor all these terms, KCSD may deny future Internet and other digital media accessibility. Furthermore, I may be subject to disciplinary action outlined in the KCSD Student Code of Conduct [and Expected Behavior](#) and, if applicable, KCSD may recall my district-issued devices.

Student Last Name: _____ Student First Name: _____ Grade: _____

School Name: _____

Home Use Reason: _____ Start Date: _____ End Date: _____

Device(s): ☐ Laptop ☐ Chromebook ☐ iPad/Tablet ☐ Other: _____

Asset Number: _____ Serial Number: _____

As the parent/guardian, my signature indicates I have received, read and understand this agreement, and give permission for my child to have access to the listed digital resources. I understand that all devices are the property of the Kenton County Schools and must be returned to the school once my child no longer needs the devices for the stated reason.

Parent/Guardian (please print): _____

Parent/Guardian Signature: _____ Date: _____

As the student, my signature indicates I have received, read and understand this agreement. I understand that all devices are the property of the Kenton County Schools and must be returned to the school once I no longer need the devices for the stated reason.

Student Signature: _____ Date: _____

DRAFT 5/18/2021

STUDENTS

09.111 AP.21

Home Schooling Notification

HOME SCHOOL LETTER OF INTENT

_____ School Year

Kenton County School District
Director of Pupil Personnel
1055 Eaton Drive
Ft. Wright, KY 41017

RE: Home School Letter of Intent

As the parent of _____, I (we) have read and understand the requirements set forth by the Kentucky Department of Education for opening a home school in Kenton County. It is our intention to open a home school named the _____ Home School, to be located at the _____
(Name of Home School – Please consider using the child's last name for your school's name for identification purposes)

At: _____
(Address of your Home School including zip code)

My child(ren) previously attended _____ school.
(Name of your previous school)

If _____ last attended a public school, s/he will be withdrawn from the school by customary withdrawal procedures.

Sincerely,

Legal Parent/Guardian Signature

Legal Parent/Guardian Signature

Email Contact (optional): _____

Phone Number (optional): _____

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Home School Information SheetSchool Name: _____
(Name of Home School - Please consider using the child's name for your school's name for identification purposes)1st Student's Name: _____
(Last/First/Middle)

Date of Birth: _____ Grade: _____

Address (Including Zip Code): _____

Legal Parent/Guardian(s) Name(s): _____

2nd Student's Name: _____
(Last/First/Middle)

Date of Birth: _____ Grade: _____

Address (Including Zip Code): _____

Legal Parent/Guardian(s) Name(s): _____

3rd Student's Name: _____
(Last/First/Middle)

Date of Birth: _____ Grade: _____

Address (Including Zip Code): _____

Legal Parent/Guardian(s) Name(s): _____

Please return this form to the Kenton County Board of Education, Office of the Director of Pupil Personnel, 1055 Eaton Drive, Ft. Wright, KY 41017. If there are more than three (3) students enrolled in your home school, please list their information on a separate piece of paper.

Ky. Department of Education Home School Information may be accessed at the following link:

<https://education.ky.gov/federal/fed/Pages/Home-School.aspx>

For details on Kentucky laws regarding Home Schools, please refer to the following link:

<https://education.ky.gov/federal/fed/Documents/Kentucky%20Homeschool%20Information%20Packet.pdf>

STUDENTS

09.124 AP.21
(CONTINUED)

Request for Tuition Status

WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THIS APPLICATION AND WE UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR DENYING THIS APPLICATION OR CHANGING FUTURE STATUS.

Signature of Student: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

If you are a Kenton County School District full-time employee and you are the legal parent/guardian of this student, please complete the following:

Employee Name: _____ School/Job Site: _____

Please return this completed form (front and back) to the Principal of the school to which application is made.

This Area to be Completed by Kenton County School District Staff Only

Signature below shows application is **APPROVED**

Principal's Signature Showing Approval _____ Date of Review/Signature _____

Date Notification Sent to Parent _____

Superintendent's/designee's Signature _____ Date of Review/Signature _____

Application **DENIED**

Principal's Signature Showing Denial _____ Date of Review/Signature _____

Reason(s) for Denial: _____

Date Notification Sent to Parent _____

Superintendent's/designee's Signature _____ Date of Review/Signature _____

The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.

"El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otros grupos de jóvenes designados."

STUDENTS

09.124 AP.21
(CONTINUED)

Employee Request for Tuition Status for Preschool Program

Applications Due: _____

Terms and conditions of tuition application – Please read the entire form prior to completing and submitting form.

Tuition fees must be paid no later than _____ or upon acceptance. Fees are non-refundable. The tuition fee per student is \$2,500 for the school year or \$1,250 for enrollment after January 1st of the school year.

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Parents are responsible for all transportation to/from school if accepted.

Tuition applications for students of full-time employees who live outside the District are considered only if there is adequate space and there is no undue impact on the programmatic needs of the school/District.

- Assuming space is available, cases will be **considered for acceptance based on students abiding by the following criteria:**
 - Age appropriate progress and effort as determined by Developmental Guidelines.
 - Following of District attendance policies including matching the District's average attendance and not exceeding six (6) unexcused absences.
 - Behave in accordance with the Code of Expected Behavior and Conduct.
 - Parent(s)/guardian(s) are cooperative and supportive in their working relationship with the school.
- **If approved**, this commitment is for one (1) school year and is **subject to the following limitations:**
 - Applications are to be made each school year.
 - Applications must be received and reviewed by the District Preschool Office and Building Principal following enrollment guidelines.
- **This application may be denied or revoked based on the following:**
 - If enrollment is over any class-size guidelines either at the time of the request or if the enrollment goes over these same guidelines during the year.
 - Failure to abide by any of the criteria listed above.
 - There is no undue impact of the programmatic needs of the school/District.

Date of Application: _____

School Year for Application: _____ Grade for which Application is Made: _____

Student's Full Name _____ Date of Birth _____

Address of Residence _____
Street City State Zip

Name of Parent/Legal Guardian: _____ Relationship: _____

Home Phone: _____ Father's Work #: _____ Mother's Work #: _____

Father's Cell #: _____ Mother's Cell #: _____

School of Residence: _____

School Applying For: _____ Preferred Session: ☐ AM ☐ PM

School Presently Attending: _____

If **NEW** to School of Application, Please Indicate Reason for request Tuition:

STUDENTS

09.124 AP.21
(CONTINUED)

Request for Tuition Status for Preschool Program

Please list, beginning with the most recent, in order the preschools/daycares(s) your child has attended in the past.

Name of School _____ Dates: _____

Name of School _____ Dates: _____

Other information you wish to share: _____

WE AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THIS APPLICATION AND WE UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR DENYING THIS APPLICATION OR CHANGING FUTURE STATUS.

Signature of Parent/Legal Guardian: _____ Date: _____

~~If you are a Kenton County School District full-time employee and you are the legal parent/guardian of this student, please complete the following:~~

~~Employee Name: _____ School/Job Site: _____~~

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Please return this completed form (front and back) to the DISTRICT PRESCHOOL OFFICE.

This Area to be Completed by Kenton County School District Staff Only

Signature below shows application is **APPROVED**

District Preschool Office Signature Showing Approval _____ Date of Review/Signature _____

Principal's Signature Showing Approval _____ Date of Review/Signature _____

Date Notification Sent to Parent: _____

Superintendent's/designee's Signature _____ Date of Review/Signature _____

Application DENIED

District Preschool Office Signature Showing Denial _____ Date of Review/Signature _____

Principal's Signature Showing Denial _____ Date of Review/Signature _____

Reason(s) for Denial: _____

Date Notification Sent to Parent: _____

Superintendent's/designee's Signature _____ Date of Review/Signature _____

The Kenton County School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs or activities and provides equal access to the Boy Scouts, Girl Scouts of the United States of America, and other designated youth groups.

"El Distrito Escolar del Condado de Kenton no discrimina en base a raza, color, origen nacional, sexo, discapacidad o edad, en sus programas o actividades y proporciona un acceso igualitario a los Boy Scouts, Girl Scouts de los Estados Unidos de América, y otros grupos de jóvenes designados."

Student Fees**SCHEDULE APPROVED ANNUALLY**

If student fees are charged, a schedule of fees shall be reviewed and approved ~~annually~~ by the Board (09.15 AP.2). 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 or purchase school supplies.

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 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 (09.15 AP.21) 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 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 or by donations from the Family Resource/Youth Services Center (FRYSC).

Student Expulsions

In the case of expulsions, the following procedural due process guidelines are required:

- A. Adequate notice: A student who faces a long-term suspension or expulsion shall be informed of the accusations and apprised of them, with specificity, that an adequate defense can be prepared. Records of improper conduct shall be maintained.
- B. Copy of procedures: The involved student and his/her parent(s)/guardian(s) shall be provided with a copy of the Board's procedures in order to ensure that they know all their rights.
- C. Timely notice: Seventy-two (72) hours notice shall be granted the student in order to provide time to prepare an adequate defense.
- ~~D. Names and witnesses: The names of all witnesses shall be made known to the involved students.~~
- ~~E.~~D. Inspection of documents: The involved student, or his/her legal counsel, shall be entitled to inspect in advance any affidavits or other exhibits to be used against him/her by the school officials at the hearing.
- ~~F.~~E. Legal counsel: The student may appear at the hearing with legal counsel of his/her choice.
- ~~G.~~F. Cross-examination: To ensure thorough examination of the facts, the student, through his/her counsel, may cross-examine those witnesses who have primary knowledge of the facts.
- ~~H.~~G. Student's story: The student may present witnesses or affidavits, or any documents desired, to insure adequacy of the presentation of his/her defense.
- ~~I.~~H. Impartial board: The Board shall preserve neutrality until all sides have been presented.
- ~~J.~~I. Limit the decision: The decision shall be based on the information presented.
- ~~K.~~J. Written decision: The Board shall provide the student with a written copy of the decision including a finding of the facts and action to be taken. Rights of appeal shall be explained.
- ~~L.~~K. Record: The Board and the student may make transcripts of proceedings.

Expulsion Hearing Forms

Student Name: _____ SP Manifest: _____

Referring School: _____

Code Violation: _____ Hearing Date: _____

Description/Pertinent Information: _____

☐ Board Violation ☐ Law Violation ☐ Charges

Parent(s) Present: _____

Phone Number(s): _____

Introductions: _____

Names of those attending

The purpose of this administrative hearing is to determine what disciplinary action, if any will be imposed upon _____, who is alleged to have violated the Student Code of Acceptable Behavior and/or some other statute or school policy to a level that includes a recommendation for expulsion. Only the Board has the authority to expel a student. Administrators and Principals do not have this authority and strictly follow Code of Acceptable Behavior Guidelines. However, the Superintendent/designees have the right to extend suspensions, reassign students to alternative placements, or other disciplinary dispositions available. A student cannot be expelled until a student, parent, or person having legal custody of the student has been given due process and had a hearing before the Board.

1. Are these rights understood? ☐ Yes ☐ No

2. I am going to ask the Principal to describe the incident. Please listen carefully. When the Principal is finished, I will ask you for your description.

3. _____ Principal Please describe the incident and actions taken by you and your staff.

4. _____ Student Please describe the incident in your words.

5. Student Do you ☐ admit or ☐ deny the charge of _____.

NOTES () _____

NOTES () _____

At this time please excuse yourselves while we deliberate. When deliberations are finished, you will be called in to discuss outcomes.

Optional Data: ☐ Goal 3 ☐ Schools Attended since K _____☐ Negative ☐ Cooperative ☐ UncooperativeWilling to change: ☐ Motivated ☐ UnmotivatedParent: ☐ Supportive ☐ Unsupportive

The findings are:

☐ Move to Expulsion ☐ Not Move to Expulsion ☐ Other _____

Expulsion Hearing Forms**CONTRACT AND REQUIREMENTS (IF APPLICABLE)**

I, _____ (student) and _____ (guardian) agree to abide by and support the guidelines and components of the following contract:

School and Classes

- ☐ School _____ Date: _____ through _____
- ☐ Diversion _____ Date: _____ through _____
- ☐ Other _____ Date: _____ through _____

(Transportation for diversion is up to parents to provide as bus privileges are revoked)

Transitional Plan

- ☐ Transition to _____ School Date: _____ through _____
- ☐ Regular class placement _____
- ☐ Review _____
- ☐ Other _____

Extra-Curricular Activities

- ☐ Not permitted to attend school events through _____

Drug Screening

- ☐ Provide a negative drug screen at parent's expense on _____
- ☐ Provide a negative drug screen at parent expense at **any time based on report of a reasonable suspicion to the Superintendent/designee.**

Counseling Sessions

- ☐ Individual Counseling
- ☐ Attend future school-based group counseling _____
- ☐ Attend Intense Interventions eight (8) week counseling sessions.
- (Tuesday late afternoon/evening — You will get a call to set up)
- ☐ Substance Abuse
- ☐ Anger Management
- ☐ Other _____

Additional Requirements

- ☐ Intake Meeting Time _____ Date _____ Location _____ SP-ARC _____
- ☐ Maintain attendance consistent with District average
- ☐ Abide by the District Code of Acceptable Behavior Discipline
- ☐ Demonstrate academic effort and progress
- ☐ Other _____

By signing this contract, you are agreeing to all components. Failure to comply with contract could constitute a pattern of behavior and result in an additional recommendation for expulsion. A voluntary, personalized instructional path offered to parents as a choice in lieu of a Board of Education expulsion hearing. Unless otherwise noted, this contract is in effect for one (1) calendar year from today.

Student's Signature _____ Parent's Signature _____ Date _____

Admin (if applicable) _____ Superintendent/designee Signature _____ Date _____

Expulsion Hearing Forms

Student Name: _____

Board/Law Violation Description: _____

~~People in~~ Attendance: _____

Student Rights: The purpose of this expulsion hearing is to determine what, if any, disciplinary action will be imposed upon _____, who is alleged to have violated the Student Code of Conduct and Expected~~Aacceptable~~ Behavior and/or some other statute or Board~~school~~ policy ~~to a level that includes a recommendation for expulsion~~. Only the Board of Education has the authority to expel a student. A student cannot be expelled until the student, parent, or person having legal custody of the student has been given due process and had a hearing before the Board.

This is an administrative type hearing. This is not a court of law and while the rules and procedures of courts of law are not binding to the Board, they do offer some guidance in assuring the accused receives adequate due process. The minimum due process requirements are: That you be given prior notice of the charges against you; that you have the right to legal counsel, that you be given an impartial hearing, and that you be given written notice of the Board's decision.

An impartial hearing required that you be given the opportunity to present witnesses on your own behalf and that you be given the opportunity to question witnesses offering testimony against you. You also have the right to make a transcript of this hearing and you have the right to appeal the Board's decision to the Circuit Court should you so desire. Do you understand these rights?

~~Student, parent, or person having legal custody understands~~ — Yes _____ No _____

-Beginning with the Board, we will introduce ourselves and ask that you do the same.

-Anyone giving testimony must raise his/her right hand at this time to be sworn in by legal counsel.

-I'm going to ask the principal to describe the incident and I want you to listen carefully. When the principal is finished, I will ask you for your description of the incident.

-Do you have any questions or need to clarify and testimony given?

-Do Board members have any questions?

-At this time, we ask that you wait in the foyer while the Board is in deliberation. We will let you know when we are finished so you may return.

~~The~~Deliberation and fFindings of the Board: We, the Board, find _____ to have/not to have (circle one) violated the Student Code of Conduct and Expected Behavior and/or Board policy and our decision is to

~~No~~ExpulsionReinstate: _____ Expel ~~Student~~with Services: _____ Expel withoutWith Services: _____ ~~Without Services:~~ _____

Timeframe of Expulsion—Start Date: _____ End Date: _____

Expulsion Hearing Forms

Services to be offered:

KCSD Virtual Learning Program – at home~~Online Educational Services~~ _____

KCSD Virtual Learning Program – on-site~~Educational Assistance through Diversion~~ _____

Student may apply for early reinstatement: Yes _____ No _____

Timeframe for Reinstatement Application: _____

Requirements for Reinstatement:

Maintain Academic Progress _____

Must Follow and Complete Court Orders _____

Mental Health Assessment and Progress Report _____

Community Service – Hours Required _____

Submit Random 10 Panel Drug Test at Parent Expense _____

Participate in Drug Counseling Program _____

Not Permitted to Attend Any School or District Events _____

Provide a Safety Assessment by Credentialed Staff _____

Other Items Required by the Board _____

STUDENTS

09.435 AP.21

Student Hearing Notice<Date>To the Parent/Guardian of:<Name><Address><City, State, Zip>Dear <Parent/Guardian Name>:

As the Director of Pupil Personnel/Hearing Officer, I have reviewed the information and details involved with the alleged violation of the Kenton County School District's Code of Conduct and Expected Behavior by your son/daughter <Student Name>, and have recommended an expulsion hearing with the Kenton County Board of Education.

This letter is to notify you that <Student Name>'s expulsion hearing will be held by the Kenton County Board of Education on <Date> at <Time> at 1055 Eaton Drive, Ft. Wright, KY, for the purpose of hearing evidence related to the alleged violation of <Violation>.

All documented evidence to date supporting the alleged violation will be provided at the hearing.

You have the right to appear at the hearing with legal counsel of your choice. The hearing will be in a closed session with the members of the Board of Education unless you request the hearing to be public.

The Chairperson of the Board will conduct the hearing. You will be given the opportunity to question all witnesses and to present your own witnesses as well as any other evidence relating to the alleged violation. You have the right to make a transcript of the proceedings.

The Board of Education may deliberate in private to consider the evidence presented prior to reaching a decision. A written copy of the decision will be provided as soon as practicable. Any decision may be appealed to the Kenton County Circuit Court.

Please contact me with any questions.

Sincerely,

<Name>Director of Pupil PersonnelCc: <Name>, Principal<Name>, Assistant Superintendent<Name>, Superintendent

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

STUDENTS

DRAFT #4 6/16/2021

09.435 AP.22

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Administrative Hearing/Expulsion Checklist

Student:		Grade: and School	School: Dates of Suspension
Parent/Guardian:		Phone Number:	Date(s) of Suspension:
Principal Initial	Item to be submitted	Item Specific Description/AH Initialed by Principal (Please check each box to ensure each item is included in the packet for the hearing officer. Please write N/A if the section does not apply to the student.)	
	Parent Letter	<u>IC Form letter explaining the incident</u> <u>Personal Copy of letter to parent (This letter should describe the incident, state including suspension dates, and state that recommendation is being made to the hearing officer for an administrative hearing to determine next steps) to expel student from school has been made.</u> <u>Copy forwarded to student services</u> <u>Date IC form letter and personal letter were mailed:</u> <u>Special Education Students Only</u> <u>Date the copy of procedural safeguards were mailed:</u>	
	Special Education	<u>Please circle YES or NO:</u> <u>1. Is the student an Active Special Education Student? YES or NO</u> <ul style="list-style-type: none"> <u>IEP Progress data has been entered into ezEdMed and reviewed by the Principal? YES or NO</u> <u>Principal Signature of Confirmation:</u> <u>Principal has confirmed IEP has been fully implemented. YES or NO</u> <u>Principal Signature of Confirmation:</u> <u>2. If the student is not an Active Special Education Student, has he/she been active in the past? YES or NO</u> <u>3. Is the student in the evaluation process for special education? If being Evaluated YES or NO</u> <u>4. Does the student have a 504 Plan? Eligible YES or NO</u> <u>If the answer is YES to any of the first three (3) questions, please complete the special education section below. For 504 Plans, please consult with the Special Education Director for next steps.</u>	

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Administrative Hearing/Expulsion Checklist

	<p>If the student is in Special Education, the packet must be submitted to the hearing officer within 24 hours due to the time constraints of scheduling the Manifestation Determination (MDR). The hearing officer will consult with special education to schedule the MDR if the hearing officer accepts the packet for hearing. -needs to be scheduled before Admin Hearing. (5 days max)</p>	<p>KCSD Special Education Director was notified of the incident and is aware a pack has been sent to the hearing officer for review: <u>Date of Conversation:</u> <u>Case Manager Name:</u> Coordinate with the case manager on the following items for the MDR: Meeting Notice created Evaluations, IEPs, and any other relevant information available at MDR Current academic and behavioral data, including BIP (if appropriate) Discipline and attendance data Prepare conference summary which includes MDR form. If Student is/has been served in Special Education If student is being/has been eligible or in the process of being evaluated for special education services, contact KCS Central Office Special Education (344-8888) to discuss situation including number of days suspended. (NA if not applicable) Review Records for FBA/BIP/other necessities Review Records to make sure IEP is appropriate and being implemented Review discipline and attendance Complete manifestation determination meeting and include results. This step must be completed prior to proceeding. (NA if not applicable)</p>
	<p>Letter From Principal to Superintendent</p>	<p>This letter to the Superintendent needs to include the following information: Listing of suspension dates, first and last name of the student, documentation of police involvement if required by Code of Conduct, recommendation to the District hearing officer for an administrative hearing to determine next steps, if the student admitted to or denied offense and note if written statement from the student is included with his/her version of events, state if the student receives special education services and manifestation date if known, note if open enrollment or tuition, include any information relevant to placement decisions. From School Principal to Superintendent Listing of Suspension Dates First and Last Name of Student Involved Documentation of Police Involvement if Required by Code of Conduct Recommendation from Principal on Length of Suspension and Expulsion</p>

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Administrative Hearing/Expulsion Checklist

<u>Additional Required Information (If available)</u> (May come from Assistant to Principal as detailed account)	Detailed Account of Incident from administrator who served as primary investigator Due Process Account (names of other students redacted or not referred to) Written statement from student with his/her version of events and admission or denial of incident Names of Other Students are not to be Mentioned (refer to as student) If Student admitted to offense, please state in letter Lab Report and/or additional relevant Evidence collected (all relevant evidence) Due process documentation from any other source including notes, written statement from witnesses, etc. Student not in special education or manifestation hearing date with results Copy of police report Note whether open enrollment/tuition student Additional student information relevant to placement decisions
<u>Interventions (If applicable)</u>	If the prior history of the student, combined with the violation, impacted the recommendation for expulsion, please complete the Intervention Document which is hyperlinked.
<u>Infinite Campus Information (Print and include in packet)</u> <u>Printouts, Enrollment Sheet</u>	<u>Student Information Summary Page</u> Discipline record (with notes and actions) Detailed progress report if available and report card Attendance Report card/Transcript at (high school only) <u>Schedule</u> Copy of Front and Back of Enrollment history sheet <u>PLP Contact Log</u> Due process documentation from any other source to the Principal including notes, investigation, written statements, etc.
Hearing Administrator Signature:	
Up-to-Date Contact Numbers:	
Attending Principal:	

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This packet has been reviewed and is complete.

Principal Signature: _____ Date: _____

Date received at CO by Hearing Officer: _____ Initial: _____

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Administrative Hearing/Expulsion Checklist**SPECIAL EDUCATION STUDENT**

- Inform DPP's Office within forty-eight (48) hours
- Fax SUS Letter to Central Office
- Student Service's Administrative Assistant
 - Set up Manifestation Hearing (within the first 5 SUS days)
 - * Parent/Guardian
 - * Administrator
 - * Case Manager
 - * Tammy Pugh
 - * DPP
 - Admin Hearing Immediately after Manifestation Hearing
 - * If behavior is found NOT to be part of student's disability, the Admin Hearing will take place. If Diversion placement is in the best interest of the student, a 30-day review meeting will be set up at this time.
 - Clay Dawson/Janet Frohlich will set up all 30 review meetings for Special Ed Diversion placements.
 - Case Manager
 - Administrator
 - All results must be submitted to the DPP's office.
 - If/when a student is being released back to their home school, a Progress Report that has been signed by a certified Special Ed Teacher of how they have been educated during their time in Diversion must be submitted to the DPP's office.

If behavior is found to be part of student's disability, Admin Hearing is cancelled.

Expulsion Notice<Date>To the Parent/Guardian of:<Name><Address><City, State, Zip>Dear <Parent/Guardian Name>:

This letter is to inform you of the action taken by the Kenton County Board of Education at its meeting on <Date>, regarding your son/daughter <Student Name>.

Upon deliberation and with due consideration of all evidence, <Student> was found to be in violation of the Code of Conduct and Expected Behavior, specifically Item #<Number from IC>, <Violation>, as is shown in Infinite Campus. This behavior poses a threat to other students and school staff and it was determined he/she could not be placed in a state funded agency program. As a result, the Board of Education has expelled <Student> from <School Name> for one calendar year beginning <Date> through <Date>, with/without services. <Student> may apply for early reinstatement on <Date> if compliance with the following requirements are met:

(Only list the requirements stated in the Board Hearing Report – remove those that do not apply)

1. Maintaining Academic Progress with KCSD Virtual Learning Program at home
2. Submission of a Mental Health Assessment and Progress Report
3. Submission of Random 10 Panel Drug Test at the parent's expense
4. Participation in a Drug Counseling Program
5. Following and Completion of Court Orders
6. Provide a Safety Assessment by Credentialed Staff
7. Report of <#> Community Service Hours Completed
8. Other...

This expulsion from <School> does not allow <Student> to participate in or attend any School or District activities during the term of his/her expulsion.

You have the right to appeal this decision to the Kenton County Circuit Court.

Sincerely,

<Name>SuperintendentCc: <Name>, Principal<Name>, Director of Pupil Personnel<Name>, Assistant Superintendent

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*