



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

Phone: 502-869-8000
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www.bullittschools.org

Memo

TO: Jesse Bacon, Superintendent *JB*

FROM: Sarah Smith, Director of Safe and Drug-Free Schools *SS*

DATE: December 10, 2021

RE: Updated Changes in Procedure 09.423 AP.2

This is a request for Board approval of the attached Procedure 90.423 AP.2 "Alcohol/Drug Violation Form" in the online Policy and Procedure Manual for Bullitt County Public Schools. This procedure reflects consistency in the procedural flowchart for violations and possible alternative placements for students. This agreement has been reviewed by Buckman, Farris, and Mills' legal counsel.

cc: Adrienne Usher, Assistant Superintendent

(Signature)
12.10.21

Alcohol/Drug Policy Violation Referral Form

Date: _____

Student name: _____

Last
First
Middle Initial
Date of Birth

School: _____ Grade: _____

Parent/Legal Guardian Name: _____

Last
First
Middle Initial

Home Address: _____

Street
Apartment No.

City
State
Zip Code
Home Phone

Violations of the Alcohol/Drug Policy (i.e., offense, date, time)

Action Taken:**First Violation Drug/Alcohol Possession or Under the Influence**

- _____ Parent/Guardian Conference
- _____ Student Assistance Counselor contacted
- _____ Law Enforcement contacted
- _____ Out-of-school suspension 3 days
- _____ Required drug evaluation *
- _____ Safe Schools Coordinator Contacted

Transferring/Trafficking OR**Second Violation Drug/Alcohol Possession or Under the Influence**

- _____ Parent/Guardian Conference
- _____ Student Assistance Counselor contacted
- _____ Law Enforcement contacted
- _____ Out-of-school suspension 10 days pending expulsion/alternate placement recommendation
- _____ Required drug evaluation *
- _____ Safe Schools Coordinator & Special Education Compliance Coordinator Contacted
- _____ Written recommendation to Superintendent for expulsion

*The evaluation must be completed and the recommendations of the drug & alcohol counselor followed or the student may will be recommended for expulsion or alternate placement.

Student will return to school: _____

Comments: _____

Student Signature_____
Date_____
Parent/Guardian Signature_____
Date_____
Principal Signature_____
Date

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Original – School

Copy – Central Office

Copy – Parent/Guardian