

## KSBA Procedure Service

## 2019 Procedure Update (#23) 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
01.3 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.3 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.6 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.123 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.162 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"/>
03.223 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.29 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.32 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.411 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.5 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.34 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.11 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.13 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.13451 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.224 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.33 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.425 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 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"/>
10.5 AP.1	<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"/>
09.11 AP.22	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.124 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2241 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

06.5 AP.2	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.15 AP.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.15 AP.2		<input checked="" type="checkbox"/>			
09.15 AP.21		<input checked="" type="checkbox"/>			
09.36 AP.2		<input checked="" type="checkbox"/>			
09.36 AP.21		<input checked="" type="checkbox"/>			
09.36 AP.212		<input checked="" type="checkbox"/>			

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

\_\_\_\_\_  
Superintendent's Signature

\_\_\_\_\_  
Date

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

EXPLANATION: HB 22 AMENDS KRS 160.190 TO CHANGE THE PROCESS FOR FILLING A BOARD VACANCY FROM A PERSON APPOINTED BY THE COMMISSIONER TO A PERSON APPROVED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE LOCAL BOARD, TIMELINE, AND INCLUDES VACANCY ADVERTISEMENT CONDITIONS AS WELL AS AN APPLICATION PROCESS. THESE FORMS ARE TO BE USED TO PROVIDE NOTICE THAT A VACANCY EXISTS, A SAMPLE NEWSPAPER ADVERTISEMENT, THAT A VACANCY HAS BEEN FILLED, AND THAT A MEMBER IS APPOINTED.

FINANCIAL IMPLICATIONS: COST OF ADVERTISEMENT AND NOTICES

## POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2

### Board Vacancy Forms

#### FORM TO PROVIDE NOTICE THAT A VACANCY EXISTS:

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Date: \_\_\_\_\_

To Whom it May Concern:

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

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Sincerely,

\_\_\_\_\_  
Superintendent/Board Secretary

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

County Clerk

Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,

Frankfort, KY 40601

Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

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#### REFERENCE:

<sup>1</sup>QAG 81-316

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**Board Vacancy Forms****SAMPLE NEWSPAPER ADVERTISEMENT ANNOUNCING A BOARD VACANCY****NOTICE OF VACANT****BOARD OF EDUCATION SEAT**

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

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

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

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

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**Board Vacancy Forms**

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

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Date: \_\_\_\_\_

To Whom it May Concern:

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

The appointment is effective immediately. \_\_\_\_\_'s address is \_\_\_\_\_.

The term for this appointment will end on \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Superintendent/Board Secretary

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

County Clerk

Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,

Frankfort, KY 40601

Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

**Board Vacancy Forms****FORM LETTER TO NEWLY APPOINTED MEMBER, ON DISTRICT LETTERHEAD:**

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Date: \_\_\_\_\_

Mr./Ms. \_\_\_\_\_

\_\_\_\_\_, KY

Dear Mr./Ms. \_\_\_\_\_:

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

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

All new local Board of Education members must receive a minimum of twelve (12) hours of in-service training annually, per KRS 160.180 and 702 KAR 1:115, on a calendar year basis. These hours shall include certain mandated topics of ethics, finance, and Superintendent evaluation, as well as on various other topics such as Board member roles and responsibilities, and the Board's role in student achievement. Additionally, per 701 KAR 8:020, local Board members are required to complete twelve (12) hours of in-service training annually in their capacity as charter school authorizers. This requirement is separate from, and in addition to, the training required by KRS 160.180, but certain hours may count towards both requirements. Depending on the date of appointment, special provisions may apply.

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

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Sincerely,

\_\_\_\_\_  
Superintendent/Board Secretary

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

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

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2  
(CONTINUED)

**Board Vacancy Forms**

RELATED PROCEDURE:

01.3 AP.21

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EXPLANATION: HB 22 AMENDS KRS 160.190 TO CHANGE THE PROCESS FOR FILLING A BOARD VACANCY FROM A PERSON APPOINTED BY THE COMMISSIONER TO A PERSON APPROVED BY A MAJORITY VOTE OF THE REMAINING MEMBERS OF THE LOCAL BOARD, TIMELINE, AND INCLUDES VACANCY ADVERTISEMENT CONDITIONS AS WELL AS AN APPLICATION PROCESS. FINANCIAL IMPLICATIONS: COST OF ADVERTISEMENT

# POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.21

## Application for Board Vacancy

Name of School District: \_\_\_\_\_

[Division # \_\_\_\_\_ (for county school systems) or the District at large (for independent school systems)]

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street or Box # State Zip Code

Telephone: \_\_\_\_\_  
Business Home Cell

Email Address: \_\_\_\_\_

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? ☐ Yes ☐ No

2. Are you registered to vote in the Division (in the case of a county school District) or District (in the case of an independent school District) you wish to serve? ☐ Yes ☐ No

3. Are you an officer of, or employed by, any city, county, consolidated local government, or other municipality? ☐ Yes ☐ No

If yes, please identify: \_\_\_\_\_

4. Does the city or county Board where you reside presently employ you? ☐ Yes ☐ No

5. Do you have any relatives employed by the District? ☐ Yes ☐ No

If yes, please indicate their relationship to you:

☐ Brother ☐ Sister ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Father ☐ Mother

☐ Other \_\_\_\_\_

6. Have you ever been a member of any local Board of Education in Kentucky? ☐ Yes ☐ No

If so, which District \_\_\_\_\_ and when \_\_\_\_\_?

7. Do you currently hold any elective federal, state, county, or city office? ☐ Yes ☐ No

If yes, please identify: \_\_\_\_\_

8. Do you own or are you a stockholder in a business involved in sales or other contracts with the Board or with individual schools of the District? ☐ Yes ☐ No

If yes, please identify: \_\_\_\_\_

9. Do you work for a company that provides any goods or services to the District or with the individual schools of the District? Do you receive any commissions or other benefits as a result of any contracts or business with the District? ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

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**Application for Board Vacancy**

10. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? ☐ Yes ☐ No

If yes, please describe. \_\_\_\_\_

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11. Do you serve on any county, city, or joint agency government boards? ☐ Yes ☐ No

If yes, please describe. \_\_\_\_\_

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12. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the District, a school in the District, or students of the District?

☐ Yes ☐ No

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13. Have you completed at least the twelfth (12<sup>th</sup>) grade or been issued a High School Equivalency Diploma? ☐ Yes ☐ No

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14. Please circle the highest level of formal education you have completed:

GRADE SCHOOL      HIGH SCHOOL      COLLEGE      GRADUATE SCHOOL

1 2 3 4 5 6 7 8      9 10 11 12      1 2 3 4      1 2 3 4

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

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High School Attended

Address

Dates Attended/Graduated

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College/University Attended

Address

Dates Attended/Degree

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Graduate Schools Attended

Address

Dates Attended/Degree

15. List schools or school related activities in which you are currently involved or with which you have had previous involvement:

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

a.

Current Employer

Address

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Date of Employment

Duties

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b.

Previous Employer

Address

Date of Employment

Duties

c.

Previous Employer

Address

Date of Employment

Duties



**Application for Board Vacancy**

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

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

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**Application for Board Vacancy**

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

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Board Vacancy**  
**COUNTY CLERK'S CERTIFICATION**

**RESIDENCE AND VOTER REGISTRATION FOR SCHOOL BOARD APPOINTMENT**

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

\_\_\_\_\_ who resides at \_\_\_\_\_  
Name Address

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

Certified by: \_\_\_\_\_

\_\_\_\_\_ County Clerk's Office Date: \_\_\_\_\_

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

**Related Procedure:**

**01.3 AP.2**

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EXPLANATION: SB 230 PROVIDES THAT A PUBLIC AGENCY MAY ACCEPT OPEN RECORDS REQUESTS VIA EMAIL. ADDITIONALLY, PER THE OPEN RECORDS ACT, USERS REQUESTING RECORDS FOR COMMERCIAL PURPOSES ARE EXPECTED TO NOTIFY THE PUBLIC AGENCY OF SUCH.

FINANCIAL IMPLICATIONS: TIME ADDRESSING OPEN RECORDS REQUESTS

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.6 AP.2

### **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 or email 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:**

1. Records of a personal nature where public disclosure is an invasion of personal privacy.
2. Records or information confidentially disclosed to the Board whose disclosure would permit an unfair advantage to competitors.
3. Records or negotiation of real estate transactions until such time as property has been acquired.
4. Test questions and scoring keys before an exam, examinations that are to be reused, and tests that are copyrighted.
5. Preliminary drafts and recommendations.
6. 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.
7. Any record, the disclosure of which would have a reasonable likelihood of threatening the public safety.
8. Emergency plan and diagram of a school.

#### **Records Requested From:**

Records Custodian: \_\_\_\_\_

District Name: \_\_\_\_\_

District Address: \_\_\_\_\_



**Request to Examine and/or Copy District Records****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, email, or FAX to this form.

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.

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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: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE, EMERGENCY LEAVE, OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE EMPLOYEE'S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS REQUIRED IF THE EMPLOYEE WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.  
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

PERSONNEL

03.123 AP.2

### **Leave Request Form and Affidavit**

Complete this form at least thirty (30) days prior to the start of your leave.  
A leave is defined as an absence, paid or unpaid, of more than five (5) consecutive days.

Part I: Employee Information			
Name:		Employee #:	
Preferred Phone #:		Preferred Email:	
School/Location:		Position:	
Supervisor:		Do you currently carry our medical insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# of hours contracted to work per day:		# of days contracted to work per week:	
Part II: Leave of Absence Information			
Anticipated Leave Start Date:		Anticipated Leave Return Date:	
Type of Leave <b>Requested</b> (check the one that applies)			
FMLA Defined (up to 12 weeks)		Applicable Board Policy	
Sick Leave – serious health condition for self, birth/adoption		03.1232/03.2232	
Sick Leave – serious health condition for family member		03.1232/03.2232	
Sick Leave – to care for a covered service member		03.1232/03.2232	
Qualifying Exigency – military family leave		03.12322/03.22322	
Non-FMLA Defined (remainder of school year)		Applicable Board Policy	
Maternity/Paternity Leave – birth/adoption		03.1233/03.2233	
Extended Disability Leave		03.1234/03.2234	
Educational/Professional Leave		03.1235/03.2235	
Emergency Leave (see next page for required affidavit)		03.1236/03.2236	
Military/Disaster Services Leave		03.1238/03.2238	
Political Leave		03.1239	
Please fill in the number of days you will be using during your leave of absence.			
Sick (see next page for affidavit that may be required)	Donated Sick	Personal (see next page for required affidavit)	Non-Contract
<b>Note:</b> <ul style="list-style-type: none"> <li>• Paid sick leave shall be used in accordance with Board Policy 03.1233/03.2233 - Maternity/Paternity Leave; immediately following the birth or adoption of a child or children</li> <li>• Employees are required to use all paid leave days, if available, for all other forms of FMLA Defined Sick Leave, except that the employee may request to reserve ten (10) days of sick leave</li> <li>• The use of Non-Contract days are optional for all forms of FMLA Defined Leave</li> </ul>			

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**Leave Request Form and Affidavit****Part III: For Certified Employees Only**

Requested Substitute's Name: (must be an active substitute in the district)

**Note:**

- A certified substitute must be used for absences of more than ten (10) consecutive days
- A certified substitute is someone that has a teaching certificate or SOE
- Emergency substitutes do not have a teaching certificate, cannot be paid long term wages (absences for more than ten (10) consecutive days) and are not eligible to fulfill a long-term absence

**Part IV: Employee Responsibilities (please read and initial each)**

	I will abide by all applicable board policies, state and federal regulations governing a leave of absence.
	I understand that my benefits, including health insurance, will be terminated once I am in an unpaid status or at the end of twelve (12) weeks if eligible for FMLA. I may be eligible for COBRA and should contact the District's Benefits Specialist at 859-957-2604.
	I understand that I must notify HR if the start date or end date of my leave changes.
	I must notify HR upon returning from my leave of absence and, if applicable, provide a return to work note from my doctor.
	It is my responsibility to keep all contact information (email, mail and phone) current while on a leave of absence.
	I am aware unpaid days will negatively affect my annual retirement service credit* and annual pay increases**. *Contact your retirement system for more information. ** If I do not work 140 days of my annual contract, I will not receive an annual step increase.

**Part V: Signature****Employee Signature:****Date:****Printed Name:****Superintendent/designee's Signature Approving Leave as Requested****Date**

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Form may be emailed to Cindy Dusing at [Cynthia.Dusing@kenton.kyschools.us](mailto:Cynthia.Dusing@kenton.kyschools.us) or  
faxed to the Human Resources Department at 859.957.2673.

Please call Cindy Dusing with questions at 859.957.2681

**To be Completed by Human Resources**

	Added to FMLA Manager	<b>Date:</b>
	Sent First Letter and Documents	<b>Date:</b>
	Received FMLA Certification or Intent to Adopt/Foster Certification	<b>Date:</b>
	Completed and Sent Leave of Absence Information Sheet/Spreadsheet	<b>Date:</b>
	Sent Designation Notice	<b>Date:</b>
	Received Physician's Notification of Delivery/Adoption-Foster Care Placement Form	<b>Date:</b>
	Received Return to Work Note	<b>Date:</b>
	Entered Action Entry in MUNIS	<b>Date:</b>

**Meeting Date Submitted to Superintendent/Board:**



**Leave Request Form and Affidavit**

A personal affidavit is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee's immediate family\*. Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave, if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member\* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member\* who is ill, does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

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... [1]

**LEAVE AFFIDAVIT****(KRS 161.152, KRS 161.154, KRS 161.155)****Formatted:** Centered, Space After: 0 pt**Formatted:** Centered, Space After: 12 pt

Comes the affiant, \_\_\_\_\_, after being duly sworn, and states as follows:

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... [2]

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

☐ - Sick leave based on personal illness Date(s): \_\_\_\_\_

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... [3]

☐ - Sick leave to attend to an immediate family member\* who was ill Date(s): \_\_\_\_\_

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... [4]

☐ - Sick leave to mourn the death of an immediate family member\* Date(s): \_\_\_\_\_

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☐ - Personal leave in compliance with and subject to qualifications set forth in Policy\* 03.1231/03.2231. This leave is personal in nature. Date(s): \_\_\_\_\_

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... [5]

☐ - Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236

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... [6]

☐ Bereavement ☐ Disasters ☐ Court /Legal ☐ Other, specify: \_\_\_\_\_

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... [7]

Affiant's Signature \_\_\_\_\_

Date \_\_\_\_\_

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Affiant's Name (Print or Type) \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public: \_\_\_\_\_ County, Kentucky

My Commission Expires: \_\_\_\_\_

\*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

EXPLANATION: SB 18 AMENDS KRS CHAPTER 344 BY ADDING LIMITATIONS RELATED TO PREGNANCY, CHILDBIRTH, OR RELATED MEDICAL CONDITIONS TO CATEGORIES INCLUDED IN STATE LAW REGARDING DISCRIMINATION, NOTICE REQUIREMENT, AND ACCOMMODATIONS. FINANCIAL IMPLICATIONS: POTENTIAL COST IN PROVIDING NOTICE OR ACCOMMODATIONS

PERSONNEL

03.162 AP.2

### **Harassment/Discrimination Reporting Form**

This form provides the opportunity for an employee to report violation(s) of Board Policy 03.162 or 03.262 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Employee's Name _____			
Last Name		First Name	Middle Initial
Employee's Address _____			
City		State	Zip Code
Employee's Home Phone Number _____		Daytime Phone # _____	
Work Site _____			

#### **CONFIDENTIALITY**

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

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

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

Place alleged incident(s) occurred: \_\_\_\_\_

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

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

☐ limitations due to pregnancy, childbirth, or related medical conditions

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

Name of person you believe is guilty of harassment or discrimination: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any witnesses to these events: \_\_\_\_\_

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

**WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM?** \_\_\_\_\_

\_\_\_\_\_

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PERSONNEL

03.162 AP.2  
(CONTINUED)

**Harassment/Discrimination Reporting Form**

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

\_\_\_\_\_  
*Signature of Employee*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Received by*

\_\_\_\_\_  
*Date*

**NOTE:**

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

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)



EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING A SCHOOL SAFETY COORDINATOR TRAINING PROGRAM, REQUIRED TRAINING FOR PRINCIPALS TO COMPLETE SCHOOL SECURITY RISK ASSESSMENT, REQUIRED TRAINING FOR SCHOOL RESOURCE OFFICERS, AMENDS KRS 156.095 SUICIDE PREVENTION TRAINING AND ADDS REQUIRED TRAINING FOR HOW TO RESPOND TO AN ACTIVE SHOOTER SITUATION FOR ALL SCHOOL DISTRICT EMPLOYEES WITH JOB DUTIES REQUIRING DIRECT CONTACT WITH STUDENTS.  
FINANCIAL IMPLICATIONS: COST OF 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			✓	
Certified Evaluation Training	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Superintendent training program to be completed within two (2) years of taking office	KRS 160.350	02.12			✓	
Council member training required for Principal selection	KRS 160.345	02.4244			✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management		02.3			✓	
<u>Effective January 1, 2020, all School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.</u>	<u>New Section of KRS 158</u>	<u>02.31</u>			✓	
Council member training hours.	KRS 160.345	02.431			✓	
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		✓		
Training for Supervisors of Student Teachers	16 KAR 5:040				✓	

## PERSONNEL

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Orientation materials for volunteers	KRS 161.048	03.6			✓	
Teacher professional development/learning	KRS 156.095	03.19	✓			
Instructional leader training	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned	KRS 161.044	03.5			✓	
Integrated Pest Management (7a) Certification	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such	KRS 311.667	05.4			✓	
<u>School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS)</u> <u>School Principal training on procedures for completion of the required school security risk assessment.</u>	<u>New Section of KRS 158</u>	<u>05.4</u>			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
<u>Active Shooter Situations</u>	<u>KRS 156.095</u>	<u>03.19/03.29</u>			✓	
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
Annual in-service school bus driver training	702 KAR 5:030	06.23			✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication and higher order thinking.	KRS 158.6453 (SB 1)		✓			

PERSONNEL

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Grants regarding training for state-funded community education directors	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors	KRS 161.046				✓	
Designated training for School Nutrition Program Directors and food service personnel	702 KAR 6:045 KRS 158.852 7 C.F.R. §210.31	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	✓		✓	
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: <u>Minimum of one (1)-hour</u> in-person, live stream, or via video recording every other year <u>including the recognition of signs and symptoms of possible mental illness</u> . New hires during off year to receive suicide prevention materials to review. <del>(teachers, principals, counselors)</del> <u>[Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]</u>	KRS 156.095, KRS 158.070	09.22			✓	
Training on employee reports of criminal activity	KRS 158.148, KRS 158.154, KRS 158.155, KRS 158.156, KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports	704 KAR 7:160	09.2212		✓	✓	

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## PERSONNEL

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

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

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

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



EXPLANATION: AN AFFIDAVIT IS REQUIRED FOR USE OF PERSONAL LEAVE OR FOR USE OF SICK LEAVE FOR THE PURPOSE OF MOURNING A MEMBER OF THE STAFF PERSON'S IMMEDIATE FAMILY. EITHER AN AFFIDAVIT OR A CERTIFICATE OF A PHYSICIAN IS TO BE SUBMITTED IF THE STAFF MEMBER WAS ABSENT DUE TO PERSONAL ILLNESS OR FOR THE PURPOSE OF ATTENDING TO AN IMMEDIATE FAMILY MEMBER WHO WAS ILL.  
FINANCIAL IMPLICATIONS: COST OF NOTARY COMMISSION

PERSONNEL

03.223 AP.2

**Leave Request Form and Affidavit**

See Procedure 03.123 AP.2/Leave **Request Form and Affidavit** form.

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EXPLANATION: SBI CREATES A NEW SECTION OF KRS 158 REQUIRING A SCHOOL SAFETY COORDINATOR TRAINING PROGRAM, REQUIRED TRAINING FOR PRINCIPALS TO COMPLETE SCHOOL SECURITY RISK ASSESSMENT, REQUIRED TRAINING FOR SCHOOL RESOURCE OFFICERS, AMENDS KRS 156.095 SUICIDE PREVENTION TRAINING AND ADDS REQUIRED TRAINING FOR HOW TO RESPOND TO AN ACTIVE SHOOTER SITUATION FOR ALL SCHOOL DISTRICT EMPLOYEES WITH JOB DUTIES REQUIRING DIRECT CONTACT WITH STUDENTS.  
FINANCIAL IMPLICATIONS: COST OF TRAINING

PERSONNEL

03.29 AP.23

- CLASSIFIED EMPLOYEES -

**District Training Requirements**

See existing Procedure 03.19 AP.23.

EXPLANATION: HB 26 AMENDS KRS 45A.385 INCREASING THE AGGREGATE CONTRACT AMOUNT  
MAXIMUM FOR SMALL PURCHASE TO \$30,000.  
FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

FISCAL MANAGEMENT

04.32 AP.1

### **Procurement Guidelines**

- A. The Kenton County Board of Education has adopted KRS 45A – Model Procurement as the legal procurement form for the District. Under KRS 45A the District is responsible to make purchases utilizing our Small Purchase Procedure, Competitive Sealed Bidding, Competitive Negotiations, or by using Non-Competitive Negotiations.

The Small Purchase Procedure shall be followed for purchases which do not exceed in aggregate ~~\$30,000.00~~~~20,000.00~~ over the fiscal year. Contracts or purchases shall be awarded by competitive sealed bidding when the amounts in aggregate exceed ~~\$30,000.00~~~~20,000.00~~ over the fiscal year with the Board of Education approving the lowest and/or best bid, except as otherwise provided by KRS 45A.370, KRS 45A.375, and KRS 45A.380, and KRS 45A.385; or when other governmental contracts exist including but not limited to Cooperative, Local Governmental, State, and/or Federal Contracts for the desired goods or services. Monetary limits on non-bid items are as follows:

<b>\$0.00-\$999.99</b>	Requires an approved <u>Requisition</u> form.
<b>\$1,000.00-\$9,999.99</b>	Requires an approved <u>Requisition</u> form and <u>Small Purchase Determination and Finding</u> form, with three (3) phone quotes or three (3) prices from competitive catalogs unless approved by the Purchasing Department.
<b>\$10,000.00-<del>\$29,999.99</del><del>19,999.99</del></b>	Requires an approved <u>Requisition</u> form and <u>Small Purchase Determination and Finding</u> form, with three (3) written quotations from competitive vendors or suppliers unless approved by the Purchasing Department.
<b><del>\$30,000.00</del><del>20,000.00</del> and over</b>	Contact the Purchasing Department to proceed.
Note: In accordance with KRS 45A.380, a <u>Non-Competitive Determination and Finding</u> form may be used where applicable.	

Principals may purchase in the instances and in the manner provided for by administrative procedures for small purchases, and by non-competitive negotiation in connection with the purchase of items for resale as provided herein. Each Principal is vested with the authority to utilize the small purchase procedure in connection with purchases from their school's activity funds when a purchase does not exceed ~~\$30,000.00~~~~20,000.00~~ or the aggregate amount District wide does not exceed ~~\$30,000.00~~~~20,000.00~~. Principals may also utilize non-competitive negotiation procedures for the purchase of proprietary items for resale, upon their finding and determination that the items to be purchased are proprietary items for resale.

The Director of School Food Services is vested with authority to contract for perishables purchased on a weekly or more frequent basis by non-competitive negotiation. Each Director is vested with the authority for his division under small purchase procedures when a purchase does not exceed ~~\$30,000.00~~~~20,000.00~~, or the aggregate amount does not exceed ~~\$30,000.00~~~~20,000.00~~.



**Procurement Guidelines**

The intent of the purchasing procedures is to establish a framework so that purchasing activities for the School District are carried out in a prudent and economical manner. Fundamentally, the objective is to purchase supplies and equipment from the qualified vendor who submits the lowest or best bid for products or services that are equal or better than the specifications in the bid documents. The supplier who may be awarded the bid need not be the lowest bidder, but rather the best evaluated bidder for the quality, service, and quantity of items as specified.

The following are general interpretations of KRS 45A – Model Procurement, which are to be considered in carrying out the purchases for the School District:

**B. Small Purchase**

The Small Purchase Procedure may be used in connection with purchase of supplies, services or construction when the aggregate amount of the contract during a fiscal year does not exceed ~~\$30,000.00~~~~20,000.00~~. When practicable, price quotations shall be obtained from several reputable sources before purchases are made. Documentation of oral and written quotations shall be maintained.

Aggregate Amount: “Aggregate amount” of a contract shall refer to the total dollar amount during a fiscal year in connection with items of a like nature, function and use, the need for which can be reasonably determined at the beginning of the fiscal year. (Items need not be included in an aggregate amount, if the need for such items could not reasonably be established in advance.) If the total dollar amount exceeds ~~\$30,000.00~~~~20,000.00~~, general procurement procedures, rather than small purchase procedures, shall be used for the purchase of such items.

Determination that the “aggregate amount” does not exceed ~~\$30,000.00~~~~20,000.00~~ shall be made in writing; shall include the written findings upon which the determination is made; and shall be kept in the file relating to the contract. This written determination is only required when items of a like nature, function and use are purchased, the need for which can reasonably be determined at the beginning of the fiscal year. Supplies, equipment or services normally supplied as unit cannot be artificially divided for the sole purpose of using small purchase procedures.

Supplies, equipment or services to be provided over a period of time at the same unit price shall be considered a single purchase contract. If the amount of the purchase contract exceeds ~~\$30,000.00~~~~20,000.00~~, other procedures shall be utilized.

Supplies, services or construction, the need for which cannot be reasonably established in advance, or which were unavailable because of a failure of delivery, may be obtained utilizing the small purchase procedure, if the price, at the time of awarding contract, does not exceed ~~\$30,000.00~~~~20,000.00~~.

Officials authorized to determine if the aggregate amount of any contract exceeds ~~\$30,000.00~~~~20,000.00~~ shall make such decisions in good faith and shall not use small purchase procedures to circumvent the general requirements of the Model Procurement Code.

**Procurement Guidelines****C. Competitive Sealed Bidding**

Invitations to Bid: Competitive Sealed Bidding shall fully comply with KRS 45A.365. All invitations for competitive sealed bids shall state whether the award shall be made on the basis of the lowest bid price or the lowest evaluated bid price. If the latter is used, the objective measurable criteria to be utilized shall be set forth in the invitation for bids. The "evaluated bid price" shall mean the dollar amount of a bid after bid price adjustments, pursuant to objective measurable criteria which affect the economy and effectiveness in the operation or use of the product, such as reliability, maintainability, useful life, residual value, and time of delivery, performance, or completion. In order to utilize "objective measurable criteria" in connection with bids where the award is to be made on the basis of the lowest evaluated bid price, the invitation to bid shall include the weight to be given to various qualities or items in the product or service to be furnished, together with the method of evaluation so that the evaluation of bids may be determined with reasonable mathematical certainty and, where appropriate, criteria may be utilized which are otherwise subjective, such as taste and appearance.

Advertisement for Bids: All notice of invitations for bids shall be either published under the legal section of the Kentucky Enquirer or posted on the Internet. Adequate public notice (not less than seven (7) days before the date set for the opening of the bids) shall be given.

**D. Competitive Negotiations**

When the purchasing officer determines in writing that the use of competitive sealed bidding is not practicable, and except as provided in KRS 45A.095 and KRS 45A.100, a contract may be awarded by competitive negotiation.

1. Adequate public notice of the request for proposals shall be given in the same manner and circumstances as provided in KRS 45A.080 (3).
2. Contracts other than contracts for projects utilizing an alternative project delivery method under KRS 45A.180 may be competitively negotiated when it is determined in writing by the purchasing officer that the bids received by competitive sealed bidding either are unreasonable as to all or part of the requirements, or were not independently reached in open competition, and for which each competitive bidder has been notified of the intention to negotiate and is given reasonable opportunity to negotiate.
3. Contracts for projects utilizing an alternative project delivery method shall be processed in accordance with KRS 45A.180.
4. The request for proposals shall indicate the relative importance of price and other evaluation factors.
5. Award shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the Commonwealth, taking into consideration price and the evaluation factors set forth in the request for proposals.

**Procurement Guidelines**

6. Written or oral discussions shall be conducted with all responsible offerors who submit proposals determined in writing to be reasonably susceptible of being selected for award. Discussions shall not disclose any information derived from proposals submitted by competing offerors. Discussions need not be conducted:
  - a. With respect to prices, where the prices are fixed by law or administrative regulation, except that consideration shall be given to competitive terms and conditions;
  - b. Where time of delivery or performance will not permit discussions; or
  - c. Where it can be clearly demonstrated and documented from the existence of adequate competition or prior experience with the particular supply, service, or construction item, that acceptance of an initial offer without discussion would result in fair and reasonable best value procurement, and the request for proposals notifies all offerors of the possibility that award may be made on the basis of the initial offers.

**E. Non-Competitive Negotiations**

The Kenton County School District may contract or purchase through non-competitive negotiation in accordance with KRS 45A.095 when there has been a written determination by the Superintendent or the Superintendent's designee that competition is not feasible and further determination by one (1) of the foregoing that:

1. An emergency exists which will cause public harm as a result of the delay in competitive procedures; or
2. There is a single source within a reasonable geographical area of the product or service to be procured; or
3. A necessity is temporarily unavailable from the contracted supplier.
4. The contract is for the services of a licensed professional, such as attorney, physician, psychiatrist, psychologist, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; or an artist such as a sculptor, aesthetic painter, or musician, provide, however that this provision shall not apply to architects or engineers providing construction management services rather than professional architect or engineer services; or
5. The contract is for the purchase of perishable items purchased with funds other than school nutrition service funds on a weekly or more frequent basis, such as fresh fruits, vegetables, fish or meat;  
Purchase of such items with school nutrition service funds shall be done consistent with methods authorized by federal regulation (7 C.F.R. §3016.36).
6. The contract is for replacement parts where the need cannot be reasonably anticipated and stockpiling is not feasible;
7. The contract is for proprietary items for resale\*;
8. The contract relates to an enterprise in which the buying or selling by students is a part of the educational experience\*;



**Procurement Guidelines**

9. The contract or purchase is for expenditures made on authorized trips outside of the boundaries of the local public agency\*;
10. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids;
11. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance and unemployment insurance; or
12. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the local public agency; or
13. The contract or purchase is from a state, U. S. Government, or public agency.
14. Specifications cannot be made sufficiently specific to permit an award on the basis of either the lowest bid price or lowest evaluated bid price.
15. Sealed bidding is inappropriate because the available sources of supply are limited.
16. In situations where the Board of education has properly advertised for bids and has received no bids, it may proceed to acquire the necessary supplies, services or construction by non-competitive negotiation.

\*These items or services, in connection with a school activity, may be obtained by non-competitive negotiation whenever a written determination is made by the Principal. The Principal immediately shall forward a copy of any such determination to the Purchasing Department.

**F. Reverse Auction**

Competitive bidding or competitive negotiation for goods and leases may include use of a reverse auction, which is to be conducted as provided in KRS 45A.365 (competitive sealed bidding) or KRS 45A.370 (competitive negotiation).

**G. Rejection of bids, consideration of alternate bids, and waiver of informalities in offers.**

The conditions for bidding shall be applicable to and incorporated in all invitations for bids. Failure to comply with such conditions shall be cause for rejection of the bid. The Board or its designee retains the right to waive any informalities in offer.

**H. Confidentiality of technical data and trade secrets information submitted by actual and prospective bidders or offerors.**

Technical data and trade secrets information submitted by actual and prospective bidders are exceptions to the open records requirements and shall be rated confidentially.

**Procurement Guidelines**

- I. Partial, progressive and multiple awards.**  
The District purchasing officer is authorized, when feasible, to advertise for bids as a discount from a price list or catalog. The conditions shall state that multiple awards may be made. When such multiple awards are made, purchases at the contract discount may be made from such price lists or catalogs without further negotiation. However, any changes in the price list exceeding ten percent (10%) during the period of the contract shall disqualify such items from purchase.
- J.** Supervision of store rooms and inventories, including determination of appropriate stock levels, and the management, transfer, sale or other disposal of government-owned property shall be the responsibility of the purchasing officer of the District.
- K. Definitions and classes of contractual services and procedures for acquiring them.**  
The District may obtain the services of various classes of professionals, technicians, and artists by noncompetitive negotiation when specialized training is required of the contractor, when a specific program or service can be delivered by only one or a few individuals, or when travel costs and time dictate constraints on the bidding process.
- L. Procedures for the verification and auditing of local public agency procurement records.**  
The Superintendent shall maintain sufficient records for the Board to verify all purchasing agreements and purchases made through such agreements. Financial records of all transactions related to the purchase of goods and services for the District or individual schools are subject to an annual financial audit.
- M. Annual reports from those vested with purchasing authority as may be deemed advisable in order to insure that the requirements of this policy are complied with.**
1. Each staff member authorized to approve purchase orders shall:
    - a. Keep a copy of all purchase orders issued
    - b. Maintain a log to include the name of the vendor from which products or services were obtained.
    - c. Record the purpose of the product or service.
    - d. Record how the decision was made to purchase from the vendor (bid, negotiation, single source, state price contract, etc.)
    - e. List other vendors contacted and their cost for the product or service.
  2. All Board policies and District procedures pertaining to procurement, whether promulgated under KRS 45A.345 to 45A.460 or otherwise, shall be maintained in the District Central Office and shall be available to the public upon request at a cost not to exceed the cost of reproduction.
- N. Except as permitted by law, every invitation for bid or request for proposals shall provide that an item equal to that named or described in the specifications may be furnished.**

EXPLANATION: SCHOOLS ARE REQUIRED TO CONDUCT BUILDING LOCKDOWNS. THIS POINTER IS  
USED TO DOCUMENT SUCH IN 05.41 AP.2.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

\$05.411 AP.1

**Building Lockdowns**

**DRILLS**

Lockdown drills are to be conducted according to Policy 05.411 and documented under  
Procedure 05.41 AP.2.



EXPLANATION: SBI REQUIRES SECURITY MEASURES TO BE IMPLEMENTED AS SOON AS PRACTICABLE BUT NO LATER THAN JULY 1, 2022. THE MAIN ENTRANCE OF EACH SCHOOL TO HAVE ELECTRONICALLY LOCKING DOORS, A CAMERA, AND AN INTERCOM SYSTEM, CLASSROOM DOORS TO BE EQUIPPED WITH HARDWARE THAT ALLOWS THE DOOR TO BE LOCKED FROM THE OUTSIDE BUT OPENED FROM THE INSIDE, AND OTHER SAFETY PROVISIONS.  
FINANCIAL IMPLICATIONS: COST TO UPGRADE EXISTING FACILITIES

## SCHOOL FACILITIES

05.5 AP.1

### **Building Security**

In order to ~~address~~ ensure reasonable security of District property the following ~~practices (Items 1-3) procedures shall be implemented are required~~ in all schools ~~and shall be implemented as soon as practicable but no later than July 1, 2022):~~

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1. ~~Controlling access to the main entrance of the school with electronically locking doors, a camera, and an intercom system. Only those~~ No other entrances ~~designated by the Principal~~ shall be left open to outside access during the school day.

Windows and outside doors will be properly secured one (1) hour after the close of the school day. Custodians shall inspect all windows and exterior doors at the close of their work day.

2. ~~Classroom doors are to be equipped with hardware that allows the door to be locked from the outside but opened from the inside. Classroom doors are to remain closed and locked during instructional time.~~

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3. ~~Classroom doors with windows are to be equipped with material to quickly cover the window during a building lockdown.~~

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- 2-4. The number of keys ~~or other means of access~~ to outside doors will be limited and issued only to those persons required to enter the building after hours on a regular basis.

- 3-5. Outside security lights will be placed in strategic locations.

- 4-6. Inside lighting, in corridors, administrative areas, and other strategic locations, will be turned on when custodians complete their schedule.

- 5-7. The work schedules of custodians will be arranged to have them work in the building as late as possible.

- 6-8. Money shall not be left in classrooms or vending machines overnight.

- 7-9. Principals will see that bank deposits are made daily and night deposits are utilized when feasible.

- 8-10. The local police and/or sheriff will be requested to place the school buildings on their security rounds.

### **ADDITIONAL SECURITY MEASURES**

A burglar alarm system shall be installed in each school and shall be activated when school is not occupied by District personnel.

EXPLANATION: HB 11 REQUIRES ALL LOCAL BOARDS, ON OR BEFORE JULY 1, 2020, TO ADOPT AND IMPLEMENT POLICIES THAT PROHIBIT THE USE OF ANY TOBACCO PRODUCT, ALTERNATIVE NICOTINE PRODUCT, OR VAPOR PRODUCT FOR ALL PERSONS AND AT ALL TIMES ON OR IN ALL PROPERTY OF THE BOARD, AND WHEN STUDENTS ARE PRESENT IN ANY SCHOOL-RELATED TRIP OR STUDENT ACTIVITY.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

TRANSPORTATION

06.34 AP.2

### **School Bus Incident Report**

Dear Parents: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of this report is to inform you of a disciplinary incident involving the student on the school bus, which may have jeopardized the safety and well-being of all students. You are urged to both appreciate the action taken by the driver and to cooperate with the corrective action initiated today by the School District.

\_\_\_\_\_ has been cited for an infraction of the rules listed below.

#### **Infraction**

<input type="checkbox"/> Improper Boarding/Departing Procedures	<input type="checkbox"/> Failure to Remain Seated	<input type="checkbox"/> <del>Lighting Matches/Smoking on Bus</del>	<input type="checkbox"/> Rude, Discourteous and Annoying Conduct
<input type="checkbox"/> Bringing Articles Aboard Bus Injurious or Objectionable Nature	<input type="checkbox"/> Refusing to Obey Driver	<input type="checkbox"/> Spitting/Littering	<input type="checkbox"/> Destruction of Property
<input type="checkbox"/> <del>Tobacco/Alternative Nicotine/Vapor Product</del>	<input type="checkbox"/> Fighting/Pushing/Tripping	<input type="checkbox"/> Unnecessary Noise	<input type="checkbox"/> Other Behavior Relating to Safety, Well-Being and Respect for Others
	<input type="checkbox"/> Hanging Out of Window	<input type="checkbox"/> Tampering with Bus Equipment	
	<input type="checkbox"/> Throwing Objects In or Out of Bus		

#### **Specific Details:**

\_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> previous warnings    | <input type="checkbox"/> reported 1st offense |
| <input type="checkbox"/> reported 2nd offense | <input type="checkbox"/> reported 3rd offense |

#### **Disciplinary Action to be taken**

\_\_\_\_\_

Bus riding is a privilege which may be revoked. Parents are urged to appreciate the disciplinary action taken and to discuss this to prevent further occurrence.

Student is transported to or from:	Student's Name	Class Grade	Date of Incident
	Student's Address	Bus No.	Trip
	Phone No.	Driver	A.M. P.M.
_____ School			

Authorized Signature

Title

WHITE- PARENT'S COPY Canary – Driver's Copy

pink – school's copy gold –transportation office

EXPLANATION: KDE SCHOOL NUTRITION ADVISES THAT PER 7 CFR 210.14(F) LOCAL BOARDS OF EDUCATION ARE TO SET ADULT MEAL PRICES ANNUALLY ACCORDING TO THE FNS FORMULA.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SUPPORT SERVICES

07.11 AP.1

### **Free and Reduced-Price Meals**

Since schools in the District participate in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program, federal and state policies and regulations must be followed.

#### **DEFINITION**

For purposes of this administrative procedure, "authorized school official" means school personnel as designated in the National School Lunch program application and agreement with the Kentucky Department of Education who are authorized by applicable law and regulation to process information or act in connection with the matter described.

#### **STUDENTS**

To implement required policies and regulations, these procedures will be followed for student participants:

1. Free and reduced-price meals will be granted on the basis of need as determined by state and federal guidelines.
2. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year. If applicable, an application form for free and reduced-price meals will accompany the letter. Applications will be kept on file through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. If school personnel have knowledge of a student who is in need of free or reduced-price meals but does not have the parents' cooperation to submit an application, an application shall be submitted in the student's name by an authorized school official.  
The parents shall be notified that the child has been certified eligible to receive free/reduced price meals.
4. After reviewing the application for free and reduced-price meals, the eligibility of each student shall be determined by an authorized school official.
5. Written notification of approval or denial of the application shall be provided to the parents.
6. If the parent or guardian is dissatisfied with the above decision regarding free and reduced-price meals, an appeal may be made to an authorized school official.
7. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by Superintendent/designee.

#### **ADULTS**

All school personnel regularly assigned to a school may have access to meals served in the School Food Service Program. The cost of the meal shall be determined by the Board. Charges for adult meals shall be as follows:

1. Those adults who are assigned to work full or part-time in the School Food Service Program and whose salaries are paid entirely from food service funds may at the discretion of the District receive meals at no cost.



**Free and Reduced-Price Meals****ADULTS (CONTINUED)**

2. All other District employees ~~who do not provide a service in the operation and administration of the School Food Service Program~~ and all other adults shall pay the full adult meal price according to the following formula in FNS Instruction 782-5, Rev. 1.
- a. Adult meal price formula for Pricing Sites: The minimum adult payment should reflect the price charged to students paying the school's designated full price, plus the current value of Federal cash and donated food assistance (entitlement and bonus) for full price meals.
- b. Adult meal price formula for Non-Pricing Sites: The minimum adult payment should reflect the price of the free meal reimbursement, plus the current value of Federal cash and donated food assistance (entitlement and bonus).
3. It is required that the school food service program cost out their meals and ensure that the calculated price covers the cost and if not, the adult price must be higher than the calculated cost.
- 2.4 The cost of the adult meal price must be determined annually by the Board according to the current federal requirements for establishing adult meal pricing.

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EXPLANATION: HB 26 AMENDS KRS 424.260 AND KRS 45A.385 INCREASING THE MAXIMUM FOR SMALL PURCHASE TO \$30,000.

FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

SUPPORT SERVICES

07.13 AP.1

### **Bidding of School Food Service Supplies**

#### **LIKE ITEMS IN EXCESS OF ~~\$30,000~~\$20,000**

If the total amount of purchases for like items is ~~\$30,000~~\$20,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid through or in accordance with a schedule determined by the local educational cooperative.

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#### **BID SPECIFICATIONS**

1. The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the School Food Service/School Nutrition Program Director.
2. The request for bid shall be advertised in the local newspaper with the greatest circulation in the District.
3. Specifications and bid documents shall be mailed to all potential bidders.
4. Bids shall be opened and tabulated by the School Food Service/School Nutrition Program Director.
5. The bids shall be submitted to the Board of Education for action.

#### **PERISHABLES**

Applicable federal law does not provide a bidding exception for perishable food items purchased with school food service funds. Perishables purchased using school food service funds shall be procured in accordance with 2 C.F.R. 200.320.

#### **EMERGENCY PURCHASES**

If it is necessary to make an emergency purchase in order to continue service, the purchase shall be made and a log of all such purchases shall be maintained and reviewed by the School Food Service/School Nutrition Program Director.

The log of emergency purchases shall include: item name, dollar amount, vendor, and reason for emergency.

#### **RECORDS MANAGEMENT**

The following records will be maintained for a period of three (3) years plus the current year:

1. Records of all phone quotes
2. Logs of all emergency and noncompetitive purchases
3. All written quotes and bid documents
4. Comparison of all price quotes and bids with the effective dates shown
5. Price comparison showing bid or quote awarded
6. Log of approval substitutions

#### **RELATED PROCEDURE:**

04.32 AP.1

EXPLANATION: REVISIONS TO 704 KAR 3:365 REQUIRES A COMPLAINT PROCESS FOR ANY PROGRAMS UNDER THE ELEMENTARY AND SECONDARY EDUCATION ACT (ESEA) OF 1965 AS AMENDED BY THE EVERY STUDENT SUCCEEDS ACT (ESSA).  
FINANCIAL IMPLICATIONS: POSSIBLE EXPENSE ATTRIBUTABLE TO RESPONDING TO ADDITIONAL COMPLAINTS

CURRICULUM AND INSTRUCTION

08.13451 AP.1

### **Federal Programs/Title I Violation Complaint Procedure**

The Every Student Succeeds Act requires the adoption of a written procedure for the receipt and resolution of complaints alleging violations of Title I, Part A and the Elementary and Secondary Education Act (ESEA) as amended by ESSA in the administration of the Federal pPrograms.

- 1) The complaint must be in writing and addressed to the District Federal Programs/Title I Coordinator. The complaint must contain the following:
  - The name of the complainant and the contact information;
  - The nature of the complaint (the specific violation of the administration of the Title I, Part A or Federal pProgram).
- 2) The Federal Programs/Title I Coordinator must maintain a complaint log. The log must include the following:
  - The name of the complainant;
  - The receipt date of the complaint;
  - The log-in number assigned to the complaint for tracking purposes;
  - The name of the staff to whom the complaint will be referred (if applicable);
  - The date of the response to the complaint.
- 3) The Federal Programs/Title I Coordinator must respond to the complaint within thirty (30) working days upon receipt of the complaint.
- 4) The Federal Programs/Title I Coordinator must maintain a copy of the complaint, log, and response on file in the District office.
- 5) After the complainant has received a response from the Federal Programs/Title I Coordinator, the complainant has thirty (30) days to appeal the local decision. This appeal must be filed in writing with the Kentucky Department of Education in compliance with 704 KAR 3:365.

EXPLANATION: REVISIONS TO 702 KAR 1:160 INCLUDE MEDICATIONS TO BE ADMINISTERED  
PURSUANT TO A STUDENT'S SEIZURE ACTION PLAN.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.224 AP.1

### **Emergency Medical Care Procedures**

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

#### **EMERGENCY INFORMATION**

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

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

#### **MEDICAL EMERGENCY PROCEDURES**

The following procedures shall be used in a medical emergency:

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



**Emergency Medical Care Procedures****SUPPLIES/PERSONNEL**

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

**DOCUMENTATION**

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

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

**RELATED POLICIES:**

09.224

09.2241

**RELATED PROCEDURES:**

09.224 AP.21

09.2241 AP.21

09.2241 AP.22

09.2241 AP.23

EXPLANATION: REQUIREMENTS FOR BOOSTER CLUBS AND SCHOOL ACTIVITY FUNDS HAVE BEEN UPDATED IN THE REVISED ACCOUNTING PROCEDURES FOR KENTUCKY SCHOOL ACTIVITY FUNDS (REDBOOK) ISSUED BY THE KENTUCKY DEPARTMENT OF EDUCATION, WHICH WILL GO INTO EFFECT AUGUST 2019. SINCE REQUIRED FORMS ARE INCLUDED IN REDBOOK THOSE SAME FORMS ARE NOT NECESSARY TO BE INCLUDED IN THE PROCEDURE MANUAL.  
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT WITH DISTRICT CHANGES 6/17/19

STUDENTS

09.33 AP.21

**Fund-Raising Activities Proposal**

**REQUEST FOR APPROVAL OF SCHOOL-WIDE FUND-RAISING PROJECT**

To the Superintendent:

I hereby request that you approve the following school-wide fund-raising project:

School Name: \_\_\_\_\_ Year: \_\_\_\_\_

Duration of Sales:

Starting \_\_\_\_\_

Month Day Year

Ending \_\_\_\_\_

Month Day Year

Purpose of Project: \_\_\_\_\_

Learner Outcome(s) Impacted: \_\_\_\_\_

Name/description of Product to be Sold: \_\_\_\_\_

Name and Address of Publisher or Jobber: \_\_\_\_\_

Date of Approval by School Council: \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Board Use Only**

Recommended for Approval: \_\_\_\_\_

Assistant Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Board Approval: \_\_\_\_\_

Date

Reviewed by Board: \_\_\_\_\_

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Crowdfunding Guidelines Fund-Raising Activities Proposal****CROWDFUNDING GUIDELINES****DEFINITION**

Crowdfunding describes the practice of funding a project or venture by raising many small donations of money from a large number of people, typically via the internet. It can be used to fundraise for a wide variety of projects initiated by faculty, staff, and administrators of the District. All crowdfunding in the District requires that the following conditions be met:

**REQUIREMENTS**

- Applicants must be employees of the District to raise funds in the school/District's name. Campaigns shall be in the name of the local school, not a District employee.
- Approvals: All projects must be approved in advance. School-wide projects shall be approved by the Board; other projects shall be approved by the Principal or a Superintendent/designee. To document these approvals, use Form F-SA-2AC & Crowdfunding ~~Approval~~ Proposal. Without prior approval, the school or District name may not be used on any crowdfunding site to solicit donations.
- When setting up a request on one of the cash donation sites, the school must receive donations by check. Bank account transfer of any type is not permitted.
- Donations may be solicited for numerous purposes. If a student organization solicits the donations, the funds ~~shall~~ should be deposited into the school's activity fund. If the funds are solicited for general school purpose the funds should be deposited into the school's district activity fund. Funds may not be solicited for the school's hospitality account.
- All non-monetary items including supplies and equipment obtained become the property of the District and all inventory procedures apply. All proceeds must be used for the stated purpose.
- All website postings must comply with student privacy and other requirements set out in the Family Educational Rights and Privacy Act (FERPA). Accordingly, the posting of images on a crowdfunding page is limited to pictures of the classroom, the teacher and photos of students where the students are not identifiable (i.e. their hands, photos from behind the student, etc.) unless the employee has obtained written consent from the parents of all identifiable students.
- Crowdfunding fee/terms platforms vary. The following crowdfunding websites best meet education funding goals and should be considered first for a campaign: DonorsChoose.org, AdoptAClassroom.org, and ClassWish.org.
- Terms of Fundraisers: "All or Nothing" (AON) – if the amount requested is not reached, the project does not get funded. Be aware of and document options under the AON terms "Keep It All" (KIA) – school receives any funds raised even if the goal is not reached.



Crowdfunding Guidelines Fund-Raising Activities Proposal

CROWDFUNDING GUIDELINES

REQUIREMENTS (CONTINUED)

- The teacher/sponsor is responsible for preparing a written report at the end of the project term disclosing the amount of funding received, value of property received, number of donors, exact location of items received, and date the webpage(s) were discontinued.
- All documentation regarding the project shall be retained in the school files.
- Please refer to the KDE document, Accounting Procedures for School Activity Funds, which includes the forms and process required for approval of fund-raising projects.

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STUDENTS \_\_\_\_\_

09.33 AP.21

(CONTINUED)

**Fund-Raising Activities Proposal**

**CROWDFUNDING PROPOSAL**

School	
Beneficiary of Funds/Articles	
External Support/Booster Organization	
Crowdfunding Website	
Sponsor/Teacher	
Date Submitted	

Purpose of crowdfunding activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Items/monetary goal requested on crowdfunding website:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fees/charges applicable to crowdfunding activity:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Terms for delivery of funds or articles funded:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates scheduled:

\_\_\_\_\_  
\_\_\_\_\_

Items to be attached to this application:

☐ Complete printout of the proposed website listing

☐ Copy of the employee's personal profile to be listed

**~~\*\*\* ALL FUNDS (IF ANY) MUST BE RECEIVED IN CHECK FORMAT.~~**

**~~\*\*\* ALL FUNDS SHALL BE DEPOSITED IN THE SCHOOL OR DISTRICT ACCOUNTS.~~**

**~~\*\*\* ANY FUNDS OR ITEMS RECEIVED BECOME PROPERTY OF THE DISTRICT.~~**

\_\_\_\_ Circle one: \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Principal: \_\_\_\_\_ Date: \_\_\_\_\_

SBDM Council (If Council Policy): \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent (If school-wide fundraiser): \_\_\_\_\_ Date: \_\_\_\_\_

EXPLANATIONS: THE STUDENT SAFETY AND RESILIENCY ACT OF 2019 (SB 1) CREATES A NEW SECTION OF KRS 158 REQUIRING THE PRINCIPAL TO PROVIDE WRITTEN NOTICE TO ALL STUDENTS, PARENTS, AND GUARDIANS OF STUDENTS WITHIN TEN (10) DAYS OF THE FIRST INSTRUCTIONAL DAY OF EACH SCHOOL YEAR OF THE PROVISION OF KRS 508.078 AND POTENTIAL PENALTIES UNDER KRS 532.060 AND KRS 534.030 UPON CONVICTION.  
FINANCIAL IMPLICATIONS: COST OF PROVIDING NOTICE  
STUDENTS

09.425 AP.22

### **Assault and Threats of Violence - Notice of Penalties and Provisions**

New Section of KRS 158 requires written notice to all students, parents and guardians of students within ten (10) days of the first instructional day of the school of the provisions of KRS 508.078 (making it a crime to make the described threats against school-affiliated persons and persons lawfully on school property or against school operations). In compliance with this requirement, the text of KRS 508.078 is set forth below. Please be advised that there are serious penalties for this second degree terroristic threatening offense. Potential penalties upon conviction of this Class D felony include a term of imprisonment of not less than one (1) year nor more than five (5) years and a fine of not less than one thousand (\$1,000) and not greater than ten thousand (\$10,000) as provided in KRS 532.060 and KRS 532.030, respectively. In addition, a court in a juvenile case dealing with charges based on bomb threats or other criminal threats that disrupt school operations may order the child or his parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders (KRS 635.060).

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#### **KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE)**

1. A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:

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a) With respect to a school function, threatens to commit any act likely to result in death or serious physical injury to any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons or at a school does not need to identify a specific person or persons or school in order for a violation of this section to occur;

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b) Makes false statements by any means, including by electronic communication, for the purpose of:

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1. Causing evacuation of a school building, school property, or school sanctioned activity;

2. Causing cancellation of school classes or school sanctioned activity; or

3. Creating fear of serious bodily harm among students, parents, or school personnel;

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**Assault and Threats of Violence - Notice of Penalties and Provisions****KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE) (CONTINUED)**

- c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in KRS 508.075; or
- d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in KRS 508.075.
2. A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in KRS 522.010.
3. A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.
4. Terroristic threatening in the second degree is a Class D felony.

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PRINCIPAL'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EXPLANATION: SB 1 CREATES A NEW SECTION OF KRS 158 THAT REQUIRES DISTRICTS TO HAVE THREAT ASSESSMENT TEAM PROCEDURES TO IDENTIFY AND RESPOND TO STUDENTS EXHIBITING BEHAVIOR THAT INDICATES A POTENTIAL THREAT TO SCHOOL SAFETY OR SECURITY.

FINANCIAL IMPLICATIONS: HIRING AND TRAINING OF TEAM MEMBERS

STUDENTS

09.429 AP.1

### **Threat Assessment Team Procedures**

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

#### **THREAT ASSESSMENT TEAM PLANNING AND PREPARATION**

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

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

#### **IDENTIFICATION OF A POTENTIAL THREAT**

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

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

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

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

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

**POST-ASSESSMENT RESPONSE**

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

**ONGOING REVIEW OF THREAT ASSESSMENT PROCESS**

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

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EXPLANATION: SB 230 PROVIDES THAT A PUBLIC AGENCY MAY ACCEPT OPEN RECORDS REQUESTS VIA EMAIL. ADDITIONALLY, PER THE OPEN RECORDS ACT, USERS REQUESTING RECORDS FOR COMMERCIAL PURPOSES ARE EXPECTED TO NOTIFY THE PUBLIC AGENCY OF SUCH.

FINANCIAL IMPLICATIONS: TIME ADDRESSING OPEN RECORDS REQUESTS

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;
- b) Facsimile transmission of the written application; or
- c) Email of the application.

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

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.

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COMMUNITY RELATIONS

10.11 AP.21  
(CONTINUED)

**Public Records Notice**

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

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*Designated Representative*

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*Date*



EXPLANATION: SB1 CREATES A NEW SECTION OF KRS 158 REQUIRING ALL VISITORS TO REPORT TO THE FRONT OFFICE OF THE BUILDING, PROVIDE VALID IDENTIFICATION, AND STATE THE PURPOSE OF THE VISIT; AND BE PROVIDED A VISITOR'S BADGE TO BE VISIBLY DISPLAYED ON A VISITOR'S OUTER GARMENT.

FINANCIAL IMPLICATIONS: COSTS OF VISITOR BADGES

COMMUNITY RELATIONS

10.5 AP.1

### **Visitors to the Schools**

#### **REPORT TO FRONT OFFICE**

As soon as practicable but no later than July 1, 2022, all visitors to the school are to report to the front office of the building, provide valid identification, and state the purpose of the visit. The school shall provide a visitor's badge to be visibly displayed on a visitor's outer garment.

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#### **CLASSROOM VISITATION**

Requests for classroom observation by parents, educators, or other local citizens with legitimate educational interests pertaining to the District's public school program shall be made to the Principal with reasonable notification. The Principal may grant the request if:

1. The teacher involved is notified in advance of the arrangement.
2. The number in the group is small enough to be accommodated in the classroom without interfering with the class.
3. The frequency of the visits does not interfere with the scheduled instructional program in the classroom.

#### **LUNCH WITH FAMILY MEMBER**

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized District personnel, each school shall observe a closed campus at lunch.

#### **SPECIAL INVITATION**

A special invitation for parents and other interested persons to visit the schools may be extended during appropriate school programs or activities and special occasions.

#### **OBSERVATION BY OUTSIDE AGENCIES**

These procedures are established for the purposes of observation only.

NOTE: Unless an outside provider has been sought out and contracted for a needed service by the District, no private therapy or service shall be provided to a student during the school day, within a District School.

The following information/documentation is required by the District before a private, outside therapist/service provider can observe its private client within a District School. Information must be sent to the Director of Special Education (special education students) or to the District Mental Health Coordinator, (regular education students):

- Background check clearance on file with District Schools Central Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;
- A copy of credentials in the form of certification/license for the purpose of the observation; and



**Visitors to the Schools**

**OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)**

- A signed release (form can be requested from the school) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

Once this information is received, the therapist/service provider may be allowed to come and observe the identified student as follows:

- At a time/day designated and assigned by the Principal/designee (to cause as little disruption to the class or school/learning environment as possible);
- The therapist is to observe only during these designated times, in an education setting (or activity such as lunch or social gathering) and only if confidentiality of other students/parents and disruption of the educational process in these settings can be adequately addressed by the Principal/designee;
- At any time the school or District needs to cancel an appointment or not allow an outside agency/therapist/service provider to return to the school setting, the outside agency will be notified; and
- The outside service providers MUST provide a photo I.D. as well as sign in and out at the school office any time they are on school property during a school day.

**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 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.

Year 1: \_\_\_\_\_ Year 2: \_\_\_\_\_ Year 3: \_\_\_\_\_ 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 <sup>th</sup> Year Course Name: _____ |

**Science (3 credits needed):**

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

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

Course Name/Credit	Course Name/Credit
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**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)

CURRICULUM AND INSTRUCTION

08.113 AP.2  
(CONTINUED)

**Contracts of Agreement**

**CONTRACT OF AGREEMENT FOR KENTON COUNTY STATE MINIMUM STANDARDS DIPLOMA**

**VERIFICATION/COMPLETION OF CONTRACTUAL TERMS AND FINAL TRANSCRIPT**

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Principal's Signature

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Date

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Superintendent/Designee's Signature

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Date

**Request for Open Enrollment**

2015-2016 SCHOOL YEAR

DUE BY: JANUARY 23, 2015

**Terms and Conditions of Application:** Please read the entire form prior to completing and submitting form. Parents must submit a copy of their child's report card, attendance, ~~and~~ discipline records, individual learning plans, and 504 plans, etc. with this application. Parents are also responsible for all transportation to/from school if accepted. (Students must arrive no earlier than twenty (20) minutes before school and be picked up at dismissal time.)

- Open Enrollment applications will only be considered if there is adequate space in that grade level 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 four (4) criteria:
  - Satisfactory academic progress and effort as determined by the Principal.
  - 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 by the Building Principal following enrollment guidelines.
  - Athletic eligibility is determined by the KHSAA guidelines 6-12.
- While attending the school on open enrollment, it is our expectation that parents/guardians regularly monitor student's academic performance, behavior, and attendance to assist and support maintaining satisfactory levels.
- **This application may be denied or revoked based on the following** (applicant returned to original school):
  - 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 related to academic effort and performance, attendance, behavior and attitude, and/or cooperative and supportive relationship with the home.
  - There is undue impact on the programmatic needs of the school/District.

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Date Application Filed: \_\_\_\_\_

School Year for which Application is Made: \_\_\_\_\_ 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: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

If **NEW** to School of Application, Please Indicate Reason for request Open Enrollment: \_\_\_\_\_

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

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Which school is holding your child's permanent records? \_\_\_\_\_

Other information you wish to share: \_\_\_\_\_

STUDENTS

09.11 AP.22  
(CONTINUED)

**Request for Open Enrollment**

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 \_\_\_\_\_

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*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."*



### **Request for Tuition Status**

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 August 10<sup>th</sup> or upon acceptance. Fees are not prorated. Fees are refundable only if a tuition-paying family moves in to the Kenton County School District within the first sixty (60) days following the first day of the school year.

Parents must submit a copy of their child's report card, attendance, ~~and~~ discipline records, individual learning plans, and 504 plans, etc., with this application. Parents are also responsible for all transportation to/from school if accepted. (Students must arrive no earlier than twenty (20) minutes before school and be picked up at dismissal time.)

- Tuition applications will only be considered if there is adequate space in that grade level 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 four (4) criteria:
  - Satisfactory academic progress and effort as determined by the Principal.
  - 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 by the Building Principal following enrollment guidelines.
  - Athletic eligibility is determined by the KHSAA guidelines 6-12.
- While attending the school on tuition status, it is our expectation that parents/guardians regularly monitor student's academic performance, behavior, and attendance to assist and support maintaining satisfactory levels.
- This application may be denied or revoked based on the following (applicant returned to original school):
  - 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 related to academic effort and performance, attendance, behavior and attitude, and/or cooperative and supportive relationship with the home.
  - There is undue impact on the programmatic needs of the school/District.

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Date Application Filed: \_\_\_\_\_

School Year for which Application is Made: \_\_\_\_\_ 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: \_\_\_\_\_

School Presently Attending: \_\_\_\_\_

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

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

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Name of School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Which school is holding your child's permanent records? \_\_\_\_\_

Other information you wish to share: \_\_\_\_\_

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 \_\_\_\_\_

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**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.**

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

**Tuition applications 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:**

\_\_\_\_\_  
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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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 DISTRICT PRESCHOOL OFFICE.**

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

Signature below shows application is **APPROVED**

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District Preschool Office Signature Showing Approval \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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Principal's Signature Showing Approval \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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Date Notification Sent to Parent: \_\_\_\_\_

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Superintendent's/designee's Signature \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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#### **Application DENIED**

District Preschool Office Signature Showing Denial \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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Principal's Signature Showing Denial \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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Reason(s) for Denial: \_\_\_\_\_

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Date Notification Sent to Parent: \_\_\_\_\_

Superintendent's/designee's Signature \_\_\_\_\_ Date of Review/Signature \_\_\_\_\_

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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 symptom/seizure-rescue-medication) 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, 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, 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, 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.

**Use of School Buses by Outside Groups**

This agreement made by and between the Kenton County Board of Education,  
as Superintendent/designee authorized to act by direction of the Board of Education, and  
\_\_\_\_\_, hereinafter described.

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The Board does hereby agree to permit user to utilize school buses more particularly described as follows:

\_\_\_\_\_

at the following times and dates:

\_\_\_\_\_

subject to the following terms and conditions:

1. School buses may be used only when they are not being used for school purposes.
2. All organizations shall pay bus rental charges based on the current per hour driver/monitor, and mileage rates posted on the District website.
3. Groups or individuals contracting for the use of school buses shall show evidence of insurance sufficient to cover all liability and losses of all persons who might reasonably be held responsible including the members of the Board of Education and the District. The Board shall be listed as an additional insured.
4. The groups or individuals using the vehicle or vehicles shall carry adequate collision insurance to cover the value of said vehicle or vehicles. The minimum coverages are as follows:  
Property Damage - \$200,000      Bodily Injury – Per Accident - \$2,000,000  
Bodily Injury – Per Person - \$500,000      No-Fault Coverage Per Person - \$10,000
5. The driver must be a regular bus driver for the District.
6. Outside groups or individuals using vehicles must abide by District Policy for School-Related Student Trips (09.36). Current District Policy will be provided by the Transportation Department upon receipt of the request for use of a vehicle and may also be obtained on the District Website.

In witness whereof the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By:

\_\_\_\_\_  
Superintendent/Designee

\_\_\_\_\_  
User Representative (Signature)

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\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

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\_\_\_\_\_  
Phone

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**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, or rent or purchase instructional resources.~~

**PRINCIPAL'S RESPONSIBILITY**

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

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

**SBDM**

In SBDM schools, councils shall provide free supplies and/or instructional resources from funds allocated to the school or by donations from the Family Resource/Youth Services Center (FRYSC).

**~~ADDITIONAL FEES~~**

~~Additional fees may be required in classes that use consumable items, for items which are to remain the student's property, and for use of school equipment.~~



STUDENTS

09.15 AP.2

Student Fee FormsACTIVITY COST FORMKENTON COUNTY SCHOOL DISTRICT

School Name: \_\_\_\_\_

Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Required individual consumable extra-curricular/co-curricular items that will be surplus at conclusion of activity season.

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Line Total</u>

Required other individual extra curricular/co-curricular fees.

<u>Quantity</u>	<u>Description</u>	<u>Unit Price</u>	<u>Line Total</u>

Athletic Director/Activity Coordinator Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SBDM Council Approval Date: \_\_\_\_\_ (Date reflected in SBDM minutes.)

Student Engagement Coordinator Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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STUDENTS

09.15 AP.2  
(CONTINUED)

Student Fee Forms

ACTIVITY FEE SUMMARY PAGE

KENTON COUNTY SCHOOL DISTRICT

School Name: \_\_\_\_\_

<u>Activity</u>	<u>Fee</u>

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Athletic Director/Activity Coordinator Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Principal Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SBDM Council Approval Date: \_\_\_\_\_ (Date reflected in SBDM minutes.)

Student Engagement Coordinator Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Application for Waiver of Fees**

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

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

Home Telephone \_\_\_\_\_ If none, number of nearest neighbor \_\_\_\_\_

In the chart below, list the Name, Birthdate, School, and Grade for **all other** children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

**Employment Status of Parent/Guardian:**Mother: ☐ Employed ☐ Unemployed

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

Father: ☐ Employed ☐ Unemployed

Employer's Name \_\_\_\_\_ Address \_\_\_\_\_

Gross Family Income from last Income Tax Return \_\_\_\_\_

1. Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? ☐ YES ☐ NO
2. If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for ~~such~~ extra-curricular/co-curricular activities ~~as textbook rental and field trip fees~~, etc.?
  - School administrators
  - Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program. ☐ YES ☐ NO

**Application for Waiver of Fees**

3. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for ~~such~~required extra-curricular/co-curricular activities ~~as textbook rental and field trip fees~~, etc.?

- School administrators
- Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision. ☐ YES ☐ NO

- Failure to sign this consent statement will not affect your child's eligibility or participation for the program.
- The recipient will be required to maintain confidentiality of the information.

Comments: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

APPLICATION ☐ APPROVED ☐ DENIED

\_\_\_\_\_  
*Central Office Designee's Signature*

\_\_\_\_\_  
*Date*



**School-Related Student Trip Forms**

This form is to be used when students take any trip off campus for school purposes.

School: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Class/Activity Group/Team: \_\_\_\_\_

Teacher/Sponsor/Coach: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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Destination Venue, Location and State: \_\_\_\_\_

Trip Location Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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# Teachers: \_\_\_\_\_ # Students: \_\_\_\_\_ # Chaperones: \_\_\_\_\_ Adult/Student Ratio: \_\_\_\_\_

Date(s) & Times		Cost	Transportation
Departure Date: _____		Total Cost: \$ _____	<input type="checkbox"/> District Bus
Time: _____ AM/PM		Funding Source: _____	<input type="checkbox"/> Charter Bus: _____
Return Date: _____		Fee to be assessed to students: _____	Approved Bid – Company Name _____
Time: _____ AM/PM		\$ _____	<input type="checkbox"/> Other: _____
<b>Meals</b>	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/>	Location where packed lunches will be consumed: _____
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: _____	
<b>Over Night</b>	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Trip Purpose and Core Content/learning targets: \_\_\_\_\_

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: \_\_\_\_\_

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: \_\_\_\_\_

School Nurse Initials: \_\_\_\_\_ for verification that medications administrator listed above received training.

Due Date: \_\_\_\_\_ to turn in Roster and completed Parent Permission Slips for nurse's final review.

The following items have been completed or are in process. **(Teacher/Sponsor/Coach must initial below)**

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\_\_\_\_\_ I have viewed the field trip video for teachers/sponsors/coaches found on the district website

\_\_\_\_\_ I have attached an anticipated Trip Itinerary

\_\_\_\_\_ I have evaluated the trip site for potential hazards/special requirements

\_\_\_\_\_ Funds have been secured for indigent students

\_\_\_\_\_ If needed, background checks for chaperone approval have been initiated

\_\_\_\_\_ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending): \_\_\_\_\_

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Teacher/Sponsor/Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENTS

09.36 AP.2  
(CONTINUED)

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### School-Related Student Trip Request Form

#### APPROVAL SIGNATURES REQUIRED

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#### CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

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Principal: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Required for all trips

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Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Overnight Trips

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Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Submit forms to Superintendent/Designee for review and submission to the Board for approval.

☐ Includes a Student Fee

☐ Travel outside the Tri-State area of KY, OH, IN

☐ Common Carrier Transportation Reason for using a Charter Bus/Plane: \_\_\_\_\_

*All field trip forms requiring Board approval must be completed and submitted to the Superintendent/designee ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.*

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#### UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS

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- ☐ Provide a copy of this approved form to the bookkeeper and request Purchase Orders for all expenses
  - ☐ Make reservation with the venue
  - ☐ Make transportation arrangements
  - ☐ Send out completed principal approved Parent Permission Forms.
  - ☐ Confirm receipt of Parent Permission Forms & authenticate signatures. Send reminders, if needed.
  - ☐ Collect fees using the Multiple Receipt Form and turn funds into the Bookkeeper daily.
  - ☐ Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students. Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
  - ☐ Consult with Cafeteria Manager on lunch arrangements, including number of students that will be out of the building if lunch is not provided through the Cafeteria.
  - ☐ Two weeks prior to the trip date, submit a student roster and all completed parent permission slips to the School Nurse for medications and/or specific adaptations approval. ☐ Confirm that trained medical person will attend. ☐ Cost for nursing, if applicable, shall be arranged and paid by the school.
- School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### ON THE DAY OF THE TRIP

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- ☐ Provide chaperone orientation (video, etc.) ☐ Post attendance prior to leaving
- ☐ Provide office with a list of chaperones & cell numbers ☐ Take student lunches (if applicable)
- ☐ Take student medications in original labeled bottle ☐ Take classroom emergency kit
- ☐ Take parent permission slips with you on the trip ☐ Take required payments
- ☐ Give office copies of all parent permission slips  
(Retain for one (1) year)



STUDENTS

09.36 AP.2  
(CONTINUED)

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**School-Related Student Trip Parent Permission Form**

Student: \_\_\_\_\_ Trip Destination/Location: \_\_\_\_\_

School: \_\_\_\_\_ Class/Activity/Team: \_\_\_\_\_

Times		Cost	Transportation
Departure Date: _____		Student Fee: \$ _____	District Bus <input type="checkbox"/>
Time: _____ AM/PM		Adult Fee: \$ _____	Charter Bus <input type="checkbox"/>
Return Date: _____		Due Date: _____	Other <input type="checkbox"/>
Time: _____ AM/PM			
Meals	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> School Cafeteria Packed <input type="checkbox"/>		
	Student Purchase Restaurant <input type="checkbox"/> Name & Location: _____		
	(Name and location of each stop) Name & Location: _____		
Over Night	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

Teacher/Sponsor/Coach Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_

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My Child, \_\_\_\_\_ has permission to participate in this school trip.

All District and school policies shall be followed on this trip including: chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's Code of Expected Behavior and Conduct.

If the Board determines that world, national, or local events pose a potential threat to student safety, student trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. \_\_\_\_\_ (Parent/guardian Initials)

☐ If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. In order to avoid circumstances of this nature, please complete the following statement:

*In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.*

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mom (work): \_\_\_\_\_ (cell): \_\_\_\_\_ Dad (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospitalization Card #: \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_

Allergies and/or reactions to drugs: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Medications needed on this trip: \_\_\_\_\_

Who will be administering these medications? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

ALL MEDICATIONS NEEDED  
ON THIS TRIP REQUIRE A  
KENTON COUNTY  
ADMINISTRATION OF  
MEDICATION FORM TO BE  
ON FILE AT THE SCHOOL.

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted. Please review the student and chaperone tips on the back of this form with your student.

**(OFFICE USE – NURSE INITIALS – For Review of Completed Parent Signed Permission Slip)**

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## STUDENTS

09.36 AP.2  
(CONTINUED)

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### School-Related Student Trip Parent Permission Form

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#### STUDENT TIPS:

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- Be focused on education during classroom trips
- Be focused on the team during activity/athletic trips
- Listen to adults
- Stay with your assigned group
- Use sidewalks
- Walk on left facing traffic
- Obey signals and use crosswalks
- No valuables/electronic devices
- Make sure cell phones are turned off – same as in school
- Use good manners, follow all rules and respect all
- Stay seated and quiet on buses
- Follow six pillars of expected behavior on buses

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#### CHAPERONE TIPS:

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- Allow time to have required background check prior to the trip as all chaperones must be pre-approved to participate in school trips
- No siblings may participate
- Follow the provided agenda
- Stay with your assigned group at all times
- Maintain a head count of your student group getting off and on buses
- Spread out among students
- Medical and other issues are confidential
- No smoking
- Report on time to arranged meeting places
- Monitor restroom visits
- Follow all rules of the site
- Supervise students
- Observe traffic signals and use crosswalks
- Monitor bus behavior
- Set cell phone to vibrate and limit cell phone use to emergency only
- Be aware of hazards
- Support teacher by supporting assignments that need to be completed



## FIELD TRIP TIPS AND INFORMATION

<p><b>Teacher-Planner-Tips</b></p> <ul style="list-style-type: none"> <li>➤ Field trips should be educational/align with course/core content, goals</li> <li>➤ Use timeline in form and follow all tips</li> <li>➤ Use official field trip request form</li> <li>➤ Send out complete forms once approved</li> <li>➤ Confirm all volunteers are on approved list</li> <li>➤ Consult with cafeteria for lunch</li> <li>➤ Collect payment</li> <li>➤ Copy of permission to student</li> <li>➤ Ensure signatures</li> <li>➤ Review orientation and procedures with chaperones</li> <li>➤ Collect student lunches and make sure every student has lunch</li> <li>➤ Consult with nurse about routine and emergency medications that may be needed.</li> <li>➤ School personnel must have received training to administer medications</li> <li>➤ Invite parents whose children require emergency and routine medications to serve as chaperones</li> <li>➤ Bring emergency medical kit and all medications for students</li> <li>➤ Post attendance prior to leaving</li> <li>➤ All adults must know the agenda</li> <li>➤ Use secondary trusted adult for safety as a secondary for you</li> <li>➤ Count students off and on bus</li> <li>➤ Be at head of line</li> <li>➤ Assign adult at end of line</li> <li>➤ Other adults spread out among students</li> <li>➤ Monitor all students when safety is question</li> <li>➤ Evaluate loading areas for safety</li> <li>➤ Always confirm count of chaperones and students prior to leaving</li> <li>➤ Be attentive</li> </ul>	<p><b>Chaperone-Tips</b></p> <ul style="list-style-type: none"> <li>➤ Background check/allow time for check</li> <li>➤ No siblings may participate</li> <li>➤ Stay with the group at all times</li> <li>➤ Spread out among students</li> <li>➤ Medical and other issues are confidential</li> <li>➤ No smoking</li> <li>➤ Report on time to arranged meeting places</li> <li>➤ Monitor restroom visits</li> <li>➤ Follow all rules of the site</li> <li>➤ Supervise students</li> <li>➤ Observe traffic signals and use crosswalks</li> <li>➤ Monitor bus behavior</li> <li>➤ Set cell phone to vibrate and limit cell phone use to emergency only</li> <li>➤ Be aware of hazards</li> <li>➤ Support teacher by supporting assignments that need to be completed</li> </ul> <p><b>Student-Tips</b></p> <ul style="list-style-type: none"> <li>➤ Purpose is learning—be focused on education purpose</li> <li>➤ Listen to adults</li> <li>➤ Stay with your group</li> <li>➤ Use sidewalks</li> <li>➤ Walk on left facing traffic</li> <li>➤ Obey signals and use crosswalks</li> <li>➤ No valuables/electronic devices</li> <li>➤ Make sure cell phones are turned off same as in school</li> <li>➤ Use good manners/follow all rules/respect all</li> <li>➤ Stay seated and quiet on buses</li> <li>➤ Follow six pillars of expected behavior</li> <li>➤ Respect responsibility, trust fairness, citizenship and caring</li> </ul>
<p><b>School-Principal-Tips</b></p> <ul style="list-style-type: none"> <li>➤ Check to make sure that the meal plans are detailed and specific</li> <li>➤ Make sure there are enough chaperones for students and verify all are on approved listing</li> <li>➤ Make sure Board approval time is built in for the trip</li> <li>➤ Double check that medication administration requirements are met</li> </ul>	

STUDENTS \_\_\_\_\_

09.36 AP.2

(CONTINUED)

### School-Level Field Trip Planning Checklist

(To be used when students are taken off campus for any school purposes)

Trip date(s): \_\_\_\_\_ Destination of Trip: \_\_\_\_\_

School: \_\_\_\_\_ Destination State: \_\_\_\_\_

#### **6 WEEKS IN ADVANCE:** (\_\_\_\_\_)

- ☐ Check the District approved field trip list to ensure this location is approved.
- ☐ Request Board approval for any trip not on the approved list, overnight, out of state or over fifty (50) miles from the Board Office even if already on the approved list. Use the official "Kenton County Field Trip Request Form". All trips that require Board approval must be submitted to the appropriate central office employee at least ten (10) days prior to the Board meeting. Failure to meet this deadline or incomplete forms shall be denied.
- ☐ Sponsor/each has obtained list of any students who require daily administration of medication.
- ☐ Cost for nursing, if applicable, shall be arranged and paid by school (especially with overnights).

#### **4 WEEKS IN ADVANCE:** (\_\_\_\_\_)

- ☐ Send out student permission forms.
- ☐ Submit bus request to Transportation Department and appropriate paperwork to building bookkeeper.

#### **2 WEEKS IN ADVANCE:** (\_\_\_\_\_)

- ☐ Confirm receipt of student permission forms, authenticate signatures, and send duplicate notices as needed.
- ☐ Confirm parents requesting to chaperone are on the approved list and begin assignment of chaperones to students (adult/student ratio). Parents of students who require emergency and/or routine medications should be invited to chaperone if they are on the approved list.
- ☐ Confirm transportation arrangements with appropriate provider.
- ☐ Consult with Cafeteria Manager on lunch arrangements, including number of students out of the building, if lunch is not provided through District Food Service.
- ☐ Review permission slips with School Nurse for medications and/or specific adaptations and ensure trained medical person with backup will attend.
- ☐ \*Confirm trip specifics and student numbers with Principal/designee. Secure initials of Principal/designee. (\_\_\_\_\_)

#### **ON THE DAY OF THE TRIP, BE SURE TO:**

- |  |  |
|--|--|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.) _____ | <input type="checkbox"/> Take student lunches                                |
| <input type="checkbox"/> Take a classroom emergency kit _____              | <input type="checkbox"/> Take student medications in original labeled bottle |
| <input type="checkbox"/> Post attendance prior to leaving _____            | <input type="checkbox"/> Take required payments                              |
| <input type="checkbox"/> Take student permission slips _____               | <input type="checkbox"/> Give office copies of permission slips              |



STUDENTS

09.36 AP.2

(CONTINUED)

**Student Trip Request Form**

This form is to be used when students take any trip off campus for school purposes.

School: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Destination/Location and State: \_\_\_\_\_

Type of Field Trip and Student/Team Participating: \_\_\_\_\_

Depart: \_\_\_\_\_ AM/PM Field Trip Location Contact Person/Number: \_\_\_\_\_

Return: \_\_\_\_\_ AM/PM District Contact Person/Number: \_\_\_\_\_

# Teachers: \_\_\_\_\_ # Students: \_\_\_\_\_ # Parents: \_\_\_\_\_ Adult/Student Ratio: \_\_\_\_\_

Additional Staff: \_\_\_\_\_

Cost	Transportation	Meals (check at least one—if "other", must be listed)
Per Student: \$ _____	<input type="checkbox"/> District Bus	<input type="checkbox"/> District
Per Adult: \$ _____	<input type="checkbox"/> Bid Bus Company	<input type="checkbox"/> Student Packed
* Additional: \$ _____	_____ Company Name	<input type="checkbox"/> * Other
* Explain: _____	<input type="checkbox"/> Other	* Please list: _____
_____	_____	_____

\* Specifies required on meals for parent letter.

Trip Purpose and Core Content/Learning targets: \_\_\_\_\_

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: \_\_\_\_\_

If any medication is listed on the permission form, someone must have been identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator of routine medications (if applicable): \_\_\_\_\_

Name of trained administrator of emergency medications (if applicable): \_\_\_\_\_

The following items have been completed or are in process. (Trip planner must initial):

- \_\_\_\_\_ The planner has viewed the field trip video
- \_\_\_\_\_ An anticipated Trip Itinerary is attached
- \_\_\_\_\_ Trip site has been evaluated for potential hazards/special requirements (date: \_\_\_\_\_)
- \_\_\_\_\_ Specifies on meals, lodging, etc. have been listed on the parent permission form
- \_\_\_\_\_ Funds have been secured for indigent students
- \_\_\_\_\_ Background checks for chaperone approval have been initiated
- \_\_\_\_\_ Final approved chaperones must be given to Principal at least three (3) school days prior to trip
- \_\_\_\_\_ Trained person for emergency medications is available as needed
- \_\_\_\_\_ Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for Ky. trips and states where approved, nurse, or parent attending): \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Grade(s): \_\_\_\_\_ Date: \_\_\_\_\_

**MUST TURN IN TO NURSE AND ADMINISTRATOR FOR SIGNATURE**



STUDENTS \_\_\_\_\_

09.36 AP.2

(CONTINUED)

**Student Trip Request Form**

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of school nurse required whether on approved listing or not.)

~~PRINCIPAL SHALL REVIEW AND SIGN PRIOR TO SENDING TO CENTRAL OFFICE.~~

~~All areas of this form are complete (meals, medication administration, location, times, etc.)~~ \_\_\_\_\_

~~Board approval shall be initiated on the field trip (check all that apply):~~

~~☐ More than fifty (50) miles      ☐ Overnight      ☐ Not on Approved List~~

~~☐ Out of State      ☐ Request to place on approved list~~

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All field trip forms requiring Board approval must be completed and submitted ten (10) days prior to the Board meeting. Incomplete or late forms cannot be accepted and may result in trip cancellation.**

Final approval signature from Central Office personnel required for all extended day, out-of-state, overnight, and multiple day field trips prior to submission to the Board meeting.  
Comments:

Central Office Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENTS \_\_\_\_\_

09.36 AP.2

(CONTINUED)

**Field Trip Parent Permission Form**

My child, \_\_\_\_\_ has permission to go with his/her class  
to \_\_\_\_\_ on \_\_\_\_\_ for  
the purpose of \_\_\_\_\_.

All District and school policies shall be followed on this trip including: chaperone assignments for both day and overnight trips, adult/student ratios, transportation guidelines, and behavior expectations/dress codes as outlined in the District's *Code of Acceptable Behavior*.

Times		Cost	Transportation
Depart: _____		Per Student: \$ _____	District Bus: _____
Return: _____		Per Adult: \$ _____	Other: _____
		Due Date: _____	
meals	Kenton County Food Services <input type="checkbox"/>	Packed Lunch <input type="checkbox"/>	
	Restaurant/Fast Food: (Name and location of each stop)	Name and location of stops:	
Over Night ↓	Date: _____	Lodgings:	
	Date: _____	Lodgings:	

If the Board determines that world, national, or local events pose a potential threat to student safety, field trips shall be cancelled. In such a cancellation, the Board shall not authorize the use of District or building funds to reimburse any expenses not covered by cancellation insurance. All losses will be assumed by the parent/guardian. Please initial to indicate that you have read and understand the conditions of this clause. \_\_\_\_\_

(Parent/guardian Initials)

☐ If checked, it is recommended that the parent/guardian secure cancellation insurance. Information attached.

Should there develop a medical emergency that requires attention beyond first aid, every attempt will be made to contact the parent or guardian via the numbers listed below. However, in circumstances where timing is critical and/or communication problems develop, a student's life could be threatened by lack of medical attention. In order to avoid circumstances of this nature, please complete the following statement:

*In cases of a medical emergency, as deemed by a physician and according to the procedures described above, I, as the parent/legal guardian, do hereby give my consent for the administration of medical treatment, including dental, medicines, inoculation, and/or surgical procedures deemed necessary to my child's health and safety.*

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mom (work): \_\_\_\_\_ (cell): \_\_\_\_\_ Dad (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospitalization Card #: \_\_\_\_\_

Name of Medical Insurance Carrier: \_\_\_\_\_

Allergies and/or reactions to drugs: \_\_\_\_\_

Medications currently taking: \_\_\_\_\_

Medications needed on this trip: \_\_\_\_\_

Who will be administering these medications? \_\_\_\_\_

**DUE ONE (1) WEEK IN ADVANCE IF MEDICATIONS NEEDED (OFFICE USE - NURSE INITIAL UPON RETURN \_\_\_\_\_)**

Parent/Guardian Signature: \_\_\_\_\_

Failure to provide complete, signed form will exclude the student from participating. Phone permission will not be accepted.

\_\_\_\_\_  
Principal's Signature Teacher's Signature

09.36 AP.21

APPROVED BY THE SCHOOL PRINCIPAL

Principal's Signature \_\_\_\_\_

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Page 1 of 1





SUBMIT THIS FORM ☐ ONE WEEK ☐ TWO WEEKS ☐ OTHER, SPECIFY \_\_\_\_\_ PRIOR TO THE TRIP.

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SCHOOL \_\_\_\_\_ FACULTY MEMBER(S) SPONSORING TRIP \_\_\_\_\_

**TYPE OF TRIP (CHECK ONE):**

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify \_\_\_\_\_

☐ Organization/Club Trip, specify \_\_\_\_\_ ☐ Other (athletic, band, if applicable) \_\_\_\_\_

DESTINATION \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging \_\_\_\_\_

DATE(S) OF TRIP \_\_\_\_\_ DEPARTURE TIME \_\_\_\_\_ RETURN TIME \_\_\_\_\_

PURPOSE/EDUCATIONAL VALUE \_\_\_\_\_

SOURCE OF FUNDING FOR TRIP \_\_\_\_\_

*NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.*

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY \_\_\_\_\_

NUMBER OF: STUDENTS \_\_\_\_\_ FACULTY SPONSORS \_\_\_\_\_ OTHER CHAPERONES \_\_\_\_\_

TOTAL # OF PARTICIPANTS \_\_\_\_\_

**MODE OF TRANSPORTATION**

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES. SEE PROCEDURE 09.36 AP.212.

☐ CERTIFICATED COMMON CARRIER; SPECIFY \_\_\_\_\_

☐ PRIVATE VEHICLE, IF ALLOWED BY POLICY; SPECIFY DRIVER(S) \_\_\_\_\_

**SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)**

HAVE ALL CHAPERONES UNDERGONE THE REQUIRED RECORDS CHECK AND BEEN DESIGNATED BY THE PRINCIPAL/DESIGNEE TO SUPERVISE STUDENTS? ☐ YES ☐ NO

\_\_\_\_\_  
*Signature of Faculty Sponsor*

\_\_\_\_\_  
*Date*

Trip has been ☐ approved ☐ disapproved. Reason for disapproval \_\_\_\_\_

\_\_\_\_\_  
*Signature of Superintendent/Designee*

\_\_\_\_\_  
*Date*

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

**RELATED PROCEDURES:**

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

## STUDENTS

**School-Related Student Trips Use and Rental of School Buses**

The following guidelines are for persons requesting the use or rental of District buses.

1. Any school or organization requesting the use of a District bus shall use a driver who has fulfilled all requirements established by the Board and state and federal laws.
2. A certified or classified staff member must accompany students on all school-sponsored or school-endorsed trips. For athletic trips, a nonfaculty coach or a nonfaculty assistant may accompany students as provided in statute. Persons designated to accompany students shall be at least twenty-one (21) years old. However, on all cultural activity and band trips two (2) teachers/chaperones must accompany each bus. If necessary, they should position themselves in different areas of the bus in order to maintain passenger control.
3. In no instance shall the transportation of student organizations for extra-curricular activities conflict or impair the ability of the Department of Transportation to transport students to and from school.
4. When a school requests that buses be made available for long trips, it may become necessary for the Transportation Department to send additional drivers. As a result of this, transportation costs shall increase.

~~5. Schools and private groups located outside the boundary lines of the Kenton County School District may request and, upon approval of the Superintendent, use District buses for educational field trips.~~

~~6.5.~~ Athletic teams and bands shall schedule as many events as possible in the local area. This does not apply to district, regional, or state competition or a tournament or competition of a special nature.

~~7.6.~~ The school/organization sponsoring the activity is responsible for paying all tolls and/or parking fees.

~~8.7.~~ ~~AH~~ The school/-organizations shall ~~pay be charged~~ bus rental ~~charges plus the average driver cost per hour as which are~~ established annually by the Board ~~and posted on the District website.~~

~~9. Bus Rental:~~

~~A. Kenton County Public Schools~~

~~a. Local and Non-Local Trips~~

~~i. Educational, athletic and band trips \$1.15 per mile per trip with a minimum charge of \$10.00~~

~~ii. In the event that additional fuel is required to complete the trip, the organization participating in the event or activity is required to purchase the fuel needed to complete the trip. The Board will not reimburse the group for this expenditure.~~



**School Related Student Trips Use and Rental of School Buses**

~~B. Kenton County School Related Group (i.e. Band and Athletic Booster Clubs, PTA's, etc.)~~

~~a. Local and Non-Local trips are \$1.15 per mile per trip.~~

~~b. The organization may be granted the use of school buses upon the request of the Principal to the Director of Transportation.~~

~~C. Parochial/Private Schools Located Inside District Boundary Lines of the Kenton County Board of Education~~

~~a. Local and Non-Local educational trips are \$1.15 per mile per trip.~~

~~D. Public/Parochial/Private Schools/Private Groups Located Outside District Boundary Lines of the Kenton County Board of Education~~

~~a. Local and Non-Local educational trips are \$1.15 per mile per trip.~~

~~b. Field trips cannot be scheduled more than thirty (30) days in advance.~~

10. Confirmation of all educational field trips shall be made with the Transportation Department twenty-four (24) hours prior to the date of the scheduled trip.

11. The District has the right to charge for trips that are not cancelled within two (2) hours of the scheduled departure time, based on actual costs associated with the driver's time and mileage.

11. Driver's Pay:

A. All Trips

i. The driver shall receive their hourly pay (minimum of two (2) hours of pay).

ii. The driver shall receive an additional one-half hour compensation if the trip exceeds three (3) hours.

STUDENTS \_\_\_\_\_

09.36 AP.212

(CONTINUED)

**Use of School Buses by Outside Groups**

This agreement made by and between the Kenton County Board of Education, \_\_\_\_\_  
as Assistant Superintendent or designee authorized to act by direction of the Board of Education  
and \_\_\_\_\_, hereinafter described. The user is a:

\_\_\_\_\_ Profit Organization

\_\_\_\_\_ Non-profit Organization

The Board does hereby agree to permit user to utilize school buses more particularly described as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

at the following times and dates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

subject to the following terms and conditions:

1. School buses may be used only when they are not being used for school purposes. They shall not be used at any time that may conflict with their availability for school use.
2. School buses shall only be leased or rented in exchange for reasonable and adequate compensation.
3. Groups or individuals contracting for the use of school buses shall show evidence of insurance sufficient to cover all liability and losses of all persons who might reasonably be held responsible including the members of the Board of Education and the District. The Board shall be listed as an additional insured.
4. The groups or individuals using the vehicle or vehicles shall carry adequate collision insurance to cover the value of said vehicle or vehicles. The minimum coverages are as follows:  
  
Property Damage—\$100,000  
Bodily Injury—Per Person—\$250,000  
Bodily Injury—Per Accident—\$2,000,000  
No-Fault Coverage Per Person—\$10,000
5. The driver must be a regular bus driver for the District.
6. Outside groups or individuals using vehicles must abide by District Policy for Field Trips. Current District Policy will be provided by the Transportation Department upon receipt of the request for use of a vehicle and may also be obtained on District Website (Administrative Resources).

STUDENTS \_\_\_\_\_ 09.36 AP.212  
\_\_\_\_\_  
(CONTINUED)

**Use of School Buses by Outside Groups**

In witness whereof the Assistant Superintendent or designee for and on behalf of the Board of Education and the user hereunto set their hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_  
\_\_\_\_\_  
Assistant Superintendent/Designee

\_\_\_\_\_  
User

\_\_\_\_\_  
Address

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Phone \_\_\_\_\_



**School-Related Student Trips Transportation Request Form**

<b>Kenton County School</b> Transportation Department Madison Pk. Independence, KY 41051-9244 859-356-0253	<b>Transportation Request</b> School: _____ Teacher/sponsor Making Request _____ Date of Student Trip Bus Requested _____ Grade: # of Students: # of Adults # No. of Buses _____
Destination _____  What time should bus arrive at school? _____ A.M. P.M. What time will bus leave from school? _____ A.M. P.M. What time will bus return to school? _____ A.M. P.M. Do you have students with special transportation needs? _____ Will students be away from the building for lunch? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Teacher in Charge _____ Grade _____ Comments (include all directions): Buses must return to school a minimum of thirty (30) minutes before their first afternoon route. A load is approximately sixty (60) elementary or forty-eight (48) middle or high school students. All requests must be sent to the Transportation Department at least four (4) weeks before the date of field trip. Call 356.5050 the day before the requested date to confirm your reservation. Signature of teacher/sponsor: _____ Approval: Signature of Principal _____ Date _____	

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**TO REQUEST A BUS**

Teachers/sponsors shall complete this form and work with the school secretary to enter the request into the "Trip Direct" system to secure a bus for their student trip. If needed, call the Transportation Department directly to request a bus for your student trip.

**For planning purposes:**

1. The teacher/sponsor shall review and follow the District School-Related Student Trips Policy (09.36) and procedures.
2. Buses must return to school by 1:30 p.m.
3. Approximately fifty-five (55) elementary or fifty (50) middle or high school students can be assigned to a bus.
4. All requests must be entered into "Trip Direct" at least two (2) weeks before the date of the school-related student trip.
5. The teacher/sponsor shall contact the Transportation Department on the day before the trip to confirm the reservation.

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Coaches shall contact their assigned Transportation Department Area Coordinator to secure buses for their entire season of games and practices.

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**School-Related Student Trips Transportation Consent Form**High School Athletics, Band and other Extracurricular Activities Transportation Consent

~~Students are provided~~The Board offers a broad range of sports and extracurricular activities to students at all grade levels in the District. This ~~broad range of activities may~~ places constraints on the ability of the District to provide transportation for all these activities at all times. ~~As there are events, practices, and extracurricular activities that may will require or allow the student's parent to arrange alternative methods of transportation for students, this form has been created for document purposes. All coaches and sponsors shall have a parent meeting at the start of each activity season annually and Annually, this form shall be handed out, discussed, completed and returned to the teacher/sponsor/coach to be placed on file in the school as a part of this meeting. All coaches and sponsors shall communicate to parents regarding any changes of schedule or cancellation of event during the season.~~

The District shall provide transportation to events/activities in accordance with Policy 09.36. Students shall utilize transportation provided by the District. Upon approval of the Superintendent/designee, this request can be altered to meet identified event/activity needs. At the conclusion of an event/activity, the teacher/sponsor/coach will have the discretion to allow students to be signed out by the individuals listed below.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport/Extracurricular Activity: \_\_\_\_\_ Season: \_\_\_\_\_

In cases when the District does not provide transportation to events/activities, or when students are allowed to sign out at the conclusion of an event/activity, I consent to the following means of transportation for my child (check all that apply):

- ☐ I consent to my child transporting other students.
- ☐ I shall be responsible for transporting my child.
- ☐ My child may transport himself/herself.
- ☐ I give permission for my child to be transported by the following individuals:

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify that I have made my child aware that he/she can ride to/from any school event/activity with only the individuals I have listed above. (Initials required)*

*I affirm that my child will be responsible to adhere to this list of individuals authorized to transport him/her. (Initials required)*

*I understand that it is my responsibility to complete and submit to the school office any revisions to this list of individuals my child can ride to/from any school event with. (Initials required)*

In consideration of the advantages to my child of participating in school events/activities, and to the extent allowable by law, I hereby release and hold harmless the Kenton County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this release individually and on behalf of my student.

\_\_\_\_\_  
Signature of Parent/Guardian of the Above-Named Student Date

Completed forms shall be kept in the school office for reference by my child and his/her teacher/sponsor/coach. Please contact the school office to address emergency situations that may require alternate transportation plans.

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The District shall provide transportation to events, games and activities in accordance with policy 09.36. In cases when the District does not provide transportation to events, games or activities, I consent to the following means of transportation for my child (check all that apply):

☐ Automobile driven by another person as listed below. I have provided written permission to the coach for my child to ride with this person.

List of persons my child may ride with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Students are not allowed to transport themselves or other students to games or competitions under any circumstances. However, my child is approved to transport themselves ONLY to any off campus practices. **Note: It is understood that students are not to transport other students under any circumstances to any off campus practice.**

☐ I shall be responsible for transporting my child to and from practices, scrimmages, games and activities for this sport or extracurricular activity for which the District does not provide transportation.

In consideration of the advantages to my child of participating in this sport or extracurricular activity, and to the extent allowable by law, I hereby release and hold harmless the Kenton County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this release individually and on behalf of my student.

\_\_\_\_\_  
Signature of Parent/Guardian of the Above Named Student \_\_\_\_\_ Date \_\_\_\_\_