

DATE:

June 7, 2022

AGENDA ITEM (ACTION ITEM):

Receive the Annual Procedures Update and Revision Drafts

APPLICABLE BOARD POLICY:

01.51 – Administrative Procedures

HISTORY/BACKGROUND:

The Kentucky School Board Association completed a review and updated our district procedures after the legislative session to align our procedures with revised statutes. District administrators also reviewed and revised several procedures that are included in the annual update as well.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

None

CONTACT PERSON:

Henry Webb

Principal/Administrator

District Administrator



Superintendent

*Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.
Principal/Administrator –complete, print, sign and send to your District Administrator.
District Administrator –if approved, sign and put in the Superintendent's mailbox.*

KSBA Procedure Service

2022 Procedure Update (#26) 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
01.91 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
02.14 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
02.4244 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.252	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.2521	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.21 AP.2521	<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"/>
08.2322 AP.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2322 AP.22	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2322 AP.23	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.12 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.221 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.221 AP.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.28 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.28 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.3 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.13 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.2 AP.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.2 AP.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.2 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.21 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.31 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.32 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"/>

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
08.141 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2322 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.111 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.111 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.12 AP.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.12 AP.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.121 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.121 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.1221 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.121	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.21 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.224 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2241 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.33 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.33 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.36 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.36 AP.212	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.423 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.425 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.426 AP.1	<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"/>
09.43 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.432 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.434 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

08.1 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08.1131 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09.124 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Superintendent's Signature

Date

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

EXPLANATION: HB 9 AMENDS KRS 160.1594 AS IT RELATES TO CHARTER SCHOOL AUTHORIZATION.
FINANCIAL IMPLICATIONS: FUNDING TO CHARTER SCHOOLS

POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.91 AP.1

Charter School Authorization

AUTHORIZER DUTIES

Under KRS 160.1594, a public charter school authorizer shall establish an annual timeline consistent with statutory guidelines to:

- Solicit, invite, accept, and evaluate applications;
- Approve new and renewal applications that meet statutory requirements;
- Decline applications that:
 1. Fail to meet statutory requirements; or
 2. Are for a school that would be under the direction of any religious denomination; and
- Negotiate and execute in good faith contracts with each authorized charter school;
- Monitor the performance and compliance of charter schools in accordance with contract terms;
- Determine whether each charter merits renewal or revocation;
- Establish and maintain practices consistent with professional standards for authorizers, including:
 1. Organizational capacity and infrastructure;
 2. Soliciting and evaluating applications;
 3. Performance contracting;
 4. Ongoing public charter school oversight and evaluation; and
 5. Charter approval, renewal, and revocation decision making.

Pursuant to KRS 160.1592, an authorizer shall semiannually consider for approval a charter school's proposed amendments to the contract.

- Authorizers. may consider requests more frequently upon mutual agreement with the charter.
- Denials of amendment requests are appealable under KRS 160.1595.

KRS 160.1596 requires authorizers to collect, analyze, and report to the KBE all state required assessment and achievement data for each charter it oversees.

By August 31, 2023~~2019~~, and annually thereafter, each authorizer must submit to the (1) Commissioner, (2) Education and Workforce Development Secretary, and (3) Interim Joint Committee on Education a report that includes:

- Number of applications received, reviewed, and approved;
- Authorizing duties performed by the authorizer;
- Summary of the academic and financial performance of each charter school;
- Names of each charter school that have not yet begun to operate; and

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POWERS AND DUTIES OF THE BOARD OF EDUCATION

01.91 AP.1
(CONTINUED)

Charter School Authorization

AUTHORIZER DUTIES (CONTINUED)

- Names of each charter school during the prior academic year that:
 1. Closed during or after the year; and
 2. Had their contract nonrenewed or revoked.

701 KAR 8:020 requires authorizers to publicly report on oversight and services provided to charter schools under its authority and authorizing functions provided by the authorizer, including operating costs and expenses as detailed in an annual audited financial statement.

EXPLANATION: PER KRS 156.557 AND 704 KAR 3:370, THE BOARD MAY UTILIZE LOCALLY DEVELOPED SUPERINTENDENT EVALUATION PROCEDURES HOWEVER, THIS IS THE KSBA RECOMMENDED VERSION THAT HAS BEEN APPROVED BY KDE AND IS USED IN KSBA SUPERINTENDENT EVALUATION TRAINING REQUIRED BY LAW.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

ADMINISTRATION

02.14 AP.2

Evaluation of the Superintendent

~~The Board may utilize locally developed superintendent evaluation procedures.~~

PROCESS

1. At the beginning of each contract year, the Board reviews the plan and expectations with the Superintendent prior to implementing the evaluation plan.
2. The Board and Superintendent collaboratively determine the evaluation process, timelines, and forms including the type of performance rating system to be used – numerical (4-1), descriptive (Exemplary, Accomplished, Developing, Improvement Required), or both. The Board will get more effective evaluation data through thoughtful discussions in determining a descriptive performance rating, but using and averaging numbers is an option.
3. Using the following Superintendent Evaluation instrument, the Superintendent conducts a self-assessment and reflects on his/her own performance levels in terms of the standards, indicators, and local District goals.
4. Each Board member uses the following Superintendent Evaluation instrument to reflect on Superintendent progress and performance levels on standards, indicators and District goals. Board members should also consider areas of emphasis on previous evaluations.
5. Each Board member should rate all the performance standards to create a comprehensive evaluation of the job, keeping in mind that factors such as experience and organizational structure may determine the level of focus on each standard. Performance indicators are listed below every standard. These performance indicators suggest objective measures to consider. Do not rate each performance indicator separately; only rate the overall performance standard.
6. Written comments in support of your rating are recommended as they provide clarity and are helpful during the Board discussions of the evaluation.
7. Each Board member's forms should be returned to the Board Chair or designee for compiling.
8. The entire Board and Superintendent meet to discuss individual and/or compiled reflection/assessment results. This conversation shall be held in a closed session and may include identifying commonalities and differences as well as developing and agreement on performance expectations.
9. The Board and Superintendent determine expectations relating to performance standards and District goals. Throughout the year the Superintendent collects and retains evidence of performance for areas of emphasis as well as standards and District goals. S/he shares evidence with the Board throughout the year to demonstrate efforts toward increased competencies in these areas.
10. The Board considers and incorporates Superintendent evidences into the Superintendent annual performance evaluation and collectively, with one voice, determines the Superintendent performance level for each standard and goal.
11. The final evaluation (summative) of the Superintendent shall be discussed and adopted in an open meeting of the Board and reflected in the meeting minutes.

Evaluation of the Superintendent

PERFORMANCE RATING LEVELS

The following performance levels will be used to indicate the progress of a Superintendent toward the seven standards and District goals.

(4) Exemplary: Exceeds the standard

(3) Accomplished: Meets the standard

(2) Developing: Making progress toward meeting the standard

(1) Improvement Required: Progress toward meeting the standard/goal is unacceptable; standard/goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent.

Comments are recommended to support performance levels for each standard and District goal and necessary when performance is determined to be Improvement Required.

Evaluation of the Superintendent**EVALUATION INSTRUMENT****STANDARD 1: STRATEGIC LEADERSHIP**

The Superintendent leads the development and implementation of District vision, mission, and goals while creating conditions to ensure that every student graduates high school with the knowledge and skills necessary to be successful in the 21st century.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

1.1 With direction from the Board, the Superintendent facilitates a community process to develop and implement a shared vision that focuses on improving student achievement.

1.2 Empowers all stakeholders to reach high levels of performance and achieve the District's vision.

1.3 Communicates high expectations for student achievement while promoting academic rigor that focuses on learning and excellence.

1.4 Develops, implements, promotes, and monitors continuous improvement processes.

1.5 Assists the Board in developing, implementing, and monitoring District goals.

1.6 Understands and demonstrates that District and school improvement goals are connected to student learning goals.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**STANDARD 2: INSTRUCTIONAL LEADERSHIP**

The Superintendent supports and builds a system to effectively use District resources and research-based best practices for curriculum, instruction, and assessment in reducing achievement gaps and continuously improving teaching, learning, and student achievement.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

2.1 Communicates student achievement expectations to staff and stakeholders.

2.2 Demonstrates the need to identify and remove barriers to student learning.

2.3 Proposes appropriate recommendations for programs and curricula in anticipating adjustments of occupational trends and school-to-career needs.

2.4 Develops, implements, promotes, and monitors continuous improvement processes with faculty and stakeholders to ensure alignment of curriculum, instruction and assessment.

2.5 Encourages the use of technology in educational programming.

2.6 Using a variety of techniques, work with principals and administrators to formulate plans to assess and analyze the effectiveness of instruction through student progress. These may include monitoring, evaluating and reporting student achievement and performance gaps; observing teaching methods and classroom management; and research, assessments, feedback, and reflection.

2.7 Understands data analysis, including how it applies to school and District student achievement goals, how to address curricular gaps and how to use data to prioritize decisions and drive change that will improve student learning.

2.8 Ensures school and District progress in the areas of: proficiency, growth, graduation rate, closing achievement gaps, transition readiness, opportunity, and access.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**STANDARD 3: CULTURAL LEADERSHIP**

The Superintendent understands the history, tradition, and multicultural differences of the District. S/he empowers all stakeholders to assist in shaping District culture and climate as they support efforts to improve teaching and learning for all.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

3.1 Creates and supports a community of learners that empowers others to reach high levels of performance to achieve the school's vision.

3.2 Promotes understanding and celebrating of school/community cultures.

3.3 Promotes and expects a school-based climate of tolerance, acceptance and civility.

3.4 Advocates, nurtures and sustains school culture and instructional programming conducive to student learning.

3.5 Models and demonstrates multicultural and ethnic practices and is responsive to the needs of diverse populations.

3.6 Encourages instructional strategies that include cultural diversity and differences in learning styles.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**STANDARD 4: HUMAN RESOURCE LEADERSHIP**

The Superintendent leads the District in developing professional learning communities among a highly effective and diverse staff. S/he assists in the planning of professional development opportunities for all staff and develops and implements an effective staff performance evaluation system. If applicable, the Superintendent provides technical advice to the Board to administer and negotiate labor contracts.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

4.1 Demonstrates use of system and staff evaluation data for personnel policies, decision-making, career growth and professional development.

4.2 Understands and demonstrates that professional development needs to be aligned to the analysis of test data.

4.3 Demonstrates understanding of continual improvement processes for teacher and principal effectiveness systems, and implements them.

4.4 Identifies and applies appropriate policies, criteria, and processes for the recruitment, selection, induction, compensation, support, evaluation, development, and retention of a high-performing, diverse staff.

4.5 Mentors and coaches' administrators throughout the District.

If applicable:

4.6 Develops bargaining strategies based upon collective bargaining laws and processes.

4.7 Identifies contract language issues and proposes modifications.

4.8 Participates in the collective bargaining processes as determined by the Board, establishing productive relationships with bargaining groups while effectively managing contracts.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**STANDARD 5: MANAGERIAL LEADERSHIP**

The Superintendent uses data analysis in budgeting, staffing, and problem solving to make recommendations to the Board as they effectively and efficiently allocate resources and establish support systems for all District stakeholders.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

5.1 Demonstrates understanding and comprehends the importance of managing the District budget, including financial forecasting, planning, cash-flow management, account auditing, and monitoring that results in the following:

- A balanced operational budget for school programs and activities.
- Utilization of District resources to attain the highest and most efficient use to improve student learning, while maintaining compliance with legal, ethical and policy standards.
- Effective communication of the District's budget and resource allocation to the Board and constituents.
- Meeting reporting deadlines as required by statute, regulatory agency, local policy or Board action.

5.2 Ensures sound management of the organization, operations, and resources for a safe, efficient, and effective learning environment.

5.3 Secures and uses a variety of appropriate school and community resources to support learning.

5.4 Understands and monitors the District technology plan, making informed decisions about computer hardware and software, as well as related staff development and training needs.

5.5 Demonstrates knowledge of school facilities and develops a process that builds internal and public support for facility needs, including bond issues.

5.6 Establishes procedures and practices to assist all stakeholders in implementing and monitoring emergency plans for District safety and security practices for weather, threats, violence and trauma in collaboration with local, state, and federal agencies.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**STANDARD 6: COLLABORATIVE LEADERSHIP**

The Superintendent maintains a positive relationship with Board members as they work together to establish community support for the District's goals through effective two-way communications with students, staff, parents, business representatives, government leaders, community members, and the media.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

- 6.1 Understands and articulates the system of public school governance and differentiates between policy-making and administrative roles.
- 6.2 Develops effective Superintendent/Board interpersonal and working relationships.
- 6.3 Understands and interprets the role of federal, state and regional governments, policies, and politics and their relationships to local Districts and schools.
- 6.4 Effectively uses legal resources (e.g. local Board attorney) to protect the District from civil and criminal liabilities.
- 6.5 Collaboratively develops, implements and monitors processes to improve student learning and teaching.
- 6.6 Uses formal and informal techniques to gain perceptions of District from all stakeholders, internal and external.
- 6.7 Demonstrates effective communication skills (written, verbal and non-verbal), in formal and informal settings, large and small group and one-on-one environments.
- 6.8 Establishes effective school/community relations, school/business partnerships and a positive working relationship with the media; and promotes involvement of all stakeholders to fully participate in the process of education.

The Superintendent's performance for this standard:

- ☐ (4) Exemplary: Exceeds the standard
- ☐ (3) Accomplished: Meets the standard
- ☐ (2) Developing: Making progress toward meeting the standard
- ☐ (1) Improvement Required: Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**STANDARD 7: INFLUENTIAL LEADERSHIP**

The Superintendent uses his/her position in the District and community to work with local, state and federal officials to influence policies affecting the political, social, economic, legal, cultural, and ethical governance of public education.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

- 7.1 Understands and interprets the role of federal, state and regional governments; policies; and politics and their relationships to local Districts and schools.
- 7.2 Provides input on critical education issues at the local, state and federal levels.
- 7.3 Continually models a professional code of moral and ethical standards, and demonstrates personal integrity.
- 7.4 Explores and develops ways to find common ground in dealing with difficult and divisive issues.
- 7.5 Promotes the establishment of moral and ethical practices in every classroom, every school, and throughout the District.

The Superintendent's performance for this standard:

- ☐ (4) Exemplary: Exceeds the standard
- ☐ (3) Accomplished: Meets the standard
- ☐ (2) Developing: Making progress toward meeting the standard
- ☐ (1) Improvement Required: Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent**DISTRICT GOALS**

Part of the Superintendent's job is to guide the District toward successful completion of District goals collaboratively developed by the Board and Superintendent and to report progress toward goals on a regular, prescribed basis. Goals may also be developed as part of the Superintendent's performance expectations.

1. Attached are the forms to be completed by each Board member rating the Superintendent's performance in meeting the goals agreed to by the Superintendent and the Board at the beginning of the year. Each goal statement should be inserted into a separate page for completion.
2. Each Board member should rate the performance level for each goal.
3. Written comments in support of your rating are recommended as they provide clarity and are helpful during the Board discussions of the evaluation.
4. Each Board member's forms should be returned to the Board Chairperson or designated Board member for compiling.

Evaluation of the SuperintendentGOAL 1:

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the goal is unacceptable; goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this goal:

Evaluation of the Superintendent

GOAL 2:

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the goal is unacceptable; goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this goal:

Evaluation of the Superintendent

GOAL 3:

The Superintendent's performance for this standard:

- ☐ **(4) Exemplary:** Exceeds the standard
- ☐ **(3) Accomplished:** Meets the standard
- ☐ **(2) Developing:** Making progress toward meeting the standard
- ☐ **(1) Improvement Required:** Progress toward meeting the goal is unacceptable; goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this goal:

EXPLANATION: SB 1 CHANGES THE PROCESS FOR HIRING THE PRINCIPAL FROM THE COUNCIL TO THE SUPERINTENDENT WITH CONSULTATION WITH THE COUNCIL AND REMOVES THE ALTERNATIVE SELECTION PROCESS. PER KRS 160.345, THE SUPERINTENDENT SHALL FILL THE POSITION OF PRINCIPAL AT A SCHOOL AFTER CONSULTATION WITH THAT SCHOOL'S SCHOOL BASED DECISION MAKING (SBDM) COUNCIL. PRIOR TO CONSULTATION WITH THE SBDM COUNCIL, EACH MEMBER SHALL SIGN A NONDISCLOSURE AGREEMENT FORBIDDING THE DISCLOSURE OF INFORMATION SHARED AND DISCUSSIONS HELD DURING CONSULTATION.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

ADMINISTRATION

02.4244 AP.2

Nondisclosure Agreement (SBDM)

This Nondisclosure Agreement (the "Agreement") is entered into by and between the members of the _____ School Based Council ("SBDM") and _____ School District, for the purpose of preventing the unauthorized disclosure of Confidential Information as defined below.

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For purposes of this Agreement, "Confidential Information" shall include all information, written material whether hardcopy or digital, media, communications, other files, or discussions that are part of the consultation between the Superintendent and the SBDM related to the hiring of the school Principal.

For purposes of this Agreement, "Confidential Information" shall NOT include information that is publicly known at the time of disclosure, or information that is publicly disclosed by the Superintendent.

For purposes of this Agreement, "consultation" means the act of discussing or deliberating together where information is exchanged between the Superintendent and the SBDM and its members.

SBDM MEMBER

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By: _____

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Printed Name: _____

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Title: _____

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Dated: _____

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EXPLANATION: HB 283 AMENDS KRS 160.380 TO PERMIT STUDENT TEACHERS TO SUBMIT AND PROVIDE A COPY OF A NATIONAL AND STATE CRIMINAL BACKGROUND CHECK SUBMITTED THROUGH AN ACCREDITED TEACHER EDUCATION INSTITUTION.
FINANCIAL IMPLICATIONS: SAVINGS RESULTING FROM INSTITUTIONS PAYING FOR THE CHECKS

PERSONNEL

03.11 AP.252

Criminal Records Release Authorization

In order to obtain required state and national background checks, District employees and student teachers assigned within the District must complete the Kentucky State Police Criminal Records Release Authorization form, which is available from the Kentucky State Police. The District will submit the required payments.

Student teachers may submit and provide a copy of a national and state criminal background check by the Kentucky State Police and the Federal Bureau of Investigation through an accredited teacher education institution in which the student teacher is enrolled and who have a clear CA/N check.

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EXPLANATION: THE FEDERAL BUREAU OF INVESTIGATION (FBI) REQUIRES THAT THE KENTUCKY STATE POLICE (KSP) AUDIT SCHOOL DISTRICTS FOR COMPLIANCE WITH CRIMINAL HISTORY RECORD INFORMATION (CHRI). IN COLLABORATION WITH KSP, THIS PROCEDURE WILL ASSIST DISTRICTS WITH COMPLIANCE.

FINANCIAL IMPLICATIONS: COSTS OF TRAINING/MAINTAINING/DESTROYING RECORDS

PERSONNEL

03.11 AP.2521

Criminal History Record Information

PURPOSE

The District may use Criminal History Record Information (CHRI) obtained from the Kentucky State Police (KSP) to check qualification for employment or service as provided in KRS 160.380 and related policies and for authorizing personnel who will make fitness determinations. CHRI may not be used for any other purpose.

AUTHORITY

The District has the authorization to submit fingerprints to KSP for a fee-based state and federal background check pursuant to KRS 160.380.

NONCRIMINAL JUSTICE AGENCY CONTACT (NAC) & LOCAL AGENCY SECURITY OFFICER (LASO)

The Superintendent will designate employee(s) to serve as the NAC and LASO points of contact with KSP through which communication regarding audits, District personnel changes, training, and security are conducted. The NAC and LASO will receive and disseminate communication from KSP to all authorized District personnel. Additionally, the LASO shall where applicable:

1. Identify who is using the Criminal Justice Information Services (CJIS) Systems Agency (CSA) approved hardware, software, and firmware and ensure no unauthorized individuals or processes have access to the same.
2. Identify and document how the equipment is connected to the state system.
3. Ensure that personnel security screening procedures are being followed as stated.
4. Ensure approved and appropriate security measures are in place and working as expected.
5. Support policy compliance and ensure the CSA Information Security Officer is promptly informed of security incidents.

AUTHORIZED PERSONNEL

Authorized personnel will be given access to view and handle CHRI after completing the required Security Awareness Training and any additional training required by KSP. Only authorized personnel may access, discuss, use, possess, disseminate, or destroy CHRI.

The District will keep an updated list of authorized personnel that will be available to the KSP Auditor during the audit process.

Criminal History Record Information

TRAINING OF AUTHORIZED PERSONNEL

The District will ensure all persons authorized to have CHRI access will complete Security Awareness Training via CJIS Online immediately upon hire or appointment to access CHRI. The NAC will keep on file the Security Awareness Training certificate on all authorized personnel.

The District will ensure authorized users complete recertification of Security Awareness Training every twenty-four (24) months.

Authorized personnel will review the KSP website Noncriminal Justice Agency (NCJA) section for policies, procedures, and forms necessary for CHRI handling and fitness determination.

FINGERPRINT CARD PROCESSING

The District requires that all covered persons for whom fingerprint check is required must provide a valid, unexpired form of government-issued photo identification prior to fingerprinting to verify their identity.

A copy of the FBI Privacy Rights Notification will be provided to the covered persons prior to fingerprinting. Covered persons will also be advised of the process regarding a challenge of the criminal history record.

Covered persons that have disclosed a conviction must still be fingerprinted. Proper reason for fingerprinting must be documented in the "Reason for Fingerprinting" box.

Proper chain of custody procedures protecting the integrity of the covered person's fingerprints prior to submission will include maintaining fingerprints in a secure environment, in a sealed envelope.

COMMUNICATION

Authorized personnel may discuss the CHRI results with covered persons in a secure, private area. Extreme care will be taken to prevent overhearing, eavesdropping, or interception of communication.

The District will not allow a covered person to have a copy of their record or take a picture of it with an electronic device.

The District will provide the covered person with required forms and options to obtain their record if a record is to be challenged.

Criminal History Record Information

PHYSICAL SECURITY

The District will ensure that information system hardware, software, and media are physically protected through access control measures by ensuring the perimeter of a physically secured location shall be prominently posted and separated from non-secure locations by physical controls. The District will control all access points (except for those areas within the facility officially designated as publicly accessible) and will verify individual access authorizations before granting access. The District will control physical access to information system distribution and transmission lines within the physically secure location. The District will control physical access to information system devices that display Criminal Justice Information (CJI) and will position information system devices in such a way as to prevent unauthorized individuals from accessing and viewing CJI. The District will monitor physical access to the information system to detect and respond to physical security incidents. The District will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible) and will escort visitors in a secured location.

STORAGE AND RETENTION OF CHRI

The fingerprint results from KSP should only be handled by authorized personnel.

During the fitness determination:

- CHRI will be stored in a locked drawer/container at the Central Office and only accessible to authorized personnel.
- CHRI will be stored in a separate file that cannot be released for any public records request and will not be archived in a publicly accessible location.
- CHRI results will be stored electronically the agency using proper security and encryption methods.
- If stored electronically, the District will ensure compliance of CJIS Security Policy for the Network Infrastructure to include the following:
 1. Network Configuration
 2. Personally Owned Information Systems
 3. Publicly Accessible Computers
 4. System Use Notification
 5. Identification/User ID
 6. Authentication
 7. Session Lock
 8. Event Logging
 9. Advance Authentication
 10. Encryption
 11. Dial-up Access
 12. Mobile Devices
 13. Personal Firewalls
 14. Bluetooth Access

Criminal History Record Information

STORAGE AND RETENTION OF CHRI (CONTINUED)

- 15. Wireless (802.11x) Access
- 16. Boundary Protection
- 17. Intrusion Detection Tools and Techniques
- 18. Malicious Code Protection
- 19. Spam and Spyware Protection
- 20. Security Alerts and Advisories
- 21. Patch Management
- 22. Voice over Internet Protocol (VoIP)
- 23. Partitioning and Virtualization
- 24. Cloud Computing

- Per KRS 61.878, CHRI is not subject to disclosure under the Kentucky Open Records Act and will not be archived in a publicly accessible location.

MEDIA TRANSPORT

The District will protect and control digital and physical media during transport outside of controlled areas and will restrict the activities associated with transport of such media to authorized personnel.

DISPOSAL OF MEDIA CHRI

The District will properly sanitize or destroy physical or electronic CHRI per the Kentucky Department of Libraries and Archives (KDLA) Public School District Records Retention Schedule. If a third party performs the destruction, an authorized person shall accompany the CHRI through the destruction process. For electronic media, the District shall overwrite three (3) times or degauss digital media prior to disposal or release, inoperable digital media shall be destroyed; cut up, shredded, etc. The District shall ensure the sanitation or destruction is witnessed or carried out by authorized personnel.

MISUSE OF CHRI

In the event of deliberate or unintentional misuse of CHRI, the District will subject the employee to disciplinary action per Board policy and procedures, up to and including termination, or request for criminal investigation/charges.

EXPLANATION: THE FEDERAL BUREAU OF INVESTIGATION (FBI) REQUIRES THAT THE KENTUCKY STATE POLICE (KSP) AUDIT SCHOOL DISTRICTS FOR COMPLIANCE WITH CRIMINAL HISTORY RECORD INFORMATION (CHRI). EMPLOYEES AUTHORIZED TO USE CHRI WILL COMPLETE SECURITY AWARENESS TRAINING VIA CRIMINAL JUSTICE INFORMATION SERVICES (CJIS).

FINANCIAL IMPLICATIONS: COSTS OF TRAINING/MAINTAINING/DESTROYING RECORDS

EXPLANATION: TITLE IX SEXUAL HARASSMENT REGULATIONS (34 C.F.R. § 106.45) EFFECTIVE AUGUST 14, 2020, REQUIRE TRAINING OF INDIVIDUALS ON TITLE IX SEXUAL HARASSMENT/DISCRIMINATION.

FINANCIAL IMPLICATIONS: COST OF PROVIDING NOTICE AND TRAINING TO ALL PERSONNEL

EXPLANATION: SB 9 AMENDS KRS 158.305 TO CHANGE TERMINOLOGY FROM RESPONSE TO INTERVENTION TO A MULTI TIERED SYSTEM OF SUPPORTS FOR ACADEMICS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.19 AP.23

District Training Requirements**SCHOOL YEAR:** _____

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training required for Principal selection.	KRS 160.345	02.4244			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Employees authorized to use Criminal History Record Information (CHRI) will complete Security Awareness Training via Criminal Justice Information Services (CJIS)	KRS 160.380	03.11 AP.2521			✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 7:065	03.1161 03.2141 09.311			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24			✓	
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		

PERSONNEL

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Title IX Sexual Harassment	34 C.F.R. § 106.45	03.1621/03.2621/09.428111		✓		
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situations.	KRS 156.095	03.19/03.29			✓	
Instructional leader training.	KRS 156.101	03.1912			✓	
The Superintendent shall develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
Integrated Pest Management (7a) Certification.	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment.		05.4			✓	
If District owns automated external defibrillator (AEDs), training on use of such.	KRS 311.667	05.4			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.163	05.47		✓		
First Aid and Cardiopulmonary Resuscitation (CPR) Training.	702 KAR 5:080	06.221			✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132	✓		✓	

PERSONNEL

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information.	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Minimum of one (1) hour in-person, live stream, or via video recording every year including the recognition of signs and symptoms of possible mental illness. New hires during off year to receive suicide prevention materials to review. [Employees with job duties requiring direct contact with students in grades six (6) through twelve (12).]	KRS 156.095; KRS 158.070	09.22			✓	
At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance counselors, and teachers hired after July 1, 2019.	KRS 158.070	09.22			✓	
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.154; KRS 158.155; KRS 158.156; KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports.	704 KAR 7:160	09.2212		✓	✓	
Personnel training child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	09.227	✓		✓	
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			✓	

PERSONNEL

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

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 19:002	09.4341			✓	
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		
Training for Supervisors of Student Teachers.	16 KAR 5:040				✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.832		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)		✓			
Grants regarding training for state-funded community education directors.	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046				✓	
KDE shall provide technical assistance and training for multi-tiered system of supports Response to Intervention upon District request.	KRS 158.305				✓	

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky Records Retention/Public School District Schedule.

EXPLANATION: THE FEDERAL BUREAU OF INVESTIGATION (FBI) REQUIRES THAT THE KENTUCKY STATE POLICE (KSP) AUDIT SCHOOL DISTRICTS FOR COMPLIANCE WITH CRIMINAL HISTORY RECORD INFORMATION (CHRI). IN COLLABORATION WITH KSP, THIS PROCEDURE WILL ASSIST DISTRICTS WITH COMPLIANCE.
FINANCIAL IMPLICATIONS: COSTS OF TRAINING/MAINTAINING/DESTROYING RECORDS

PERSONNEL

03.21 AP.2521

Criminal History Record Information

See existing Procedure 03.11 AP.2521 for Criminal History Record Information.

RELATED PROCEDURE:

03.11 AP.2521

EXPLANATION: SB 42 AMENDS KRS 45A.380 BY CHANGING THE DESCRIPTION OF PERISHABLE FOOD ITEMS.

FINANCIAL IMPLICATIONS: POTENTIAL SAVINGS IN PURCHASING PERISHABLE FOODS

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 over the fiscal year. Contracts or purchases shall be awarded by competitive sealed bidding when the amounts in aggregate exceed \$30,000 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:

\$0.00-\$2,499.99	Requires an approved <u>Requisition</u> form.
\$2,500.00-\$9,999.99	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.
\$10,000.00-\$29,999.99	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.
\$30,000 and over	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 or the aggregate amount District wide does not exceed \$30,000.00. 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, or the aggregate amount does not exceed \$30,000.00.

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. 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, 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 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, 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.

Officials authorized to determine if the aggregate amount of any contract exceeds \$30,000.00 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, as indicated in applicable federal and state law, 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*;

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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.

DRAFT WITH DISTRICT CHANGES 5/24/2022

EXPLANATION: SB 1 AMENDS KRS 160.345 TO REQUIRE THE SUPERINTENDENT TO DETERMINE WHICH CURRICULUM, TEXTBOOKS, INSTRUCTIONAL MATERIALS, AND STUDENT SUPPORT SERVICES SHALL BE PROVIDED IN THE SCHOOL AFTER CONSULTING WITH THE BOARD, THE PRINCIPAL, AND THE SCHOOL COUNCIL.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT TO INCLUDE WITH UPDATE 3/16/2022

CURRICULUM AND INSTRUCTION

08.2322 AP.1

Review of Challenged Instructional Materials

SCHOOLS ADOPTING SBDM

~~Reviews of challenged instructional materials in schools which have adopted a School-Based Decision-Making Council shall follow policies which have been adopted by the School Council. School Councils which have not adopted a policy for the review of challenged instructional materials shall follow the procedures list below.~~

REQUEST FOR REVIEW

The review of instructional materials, including textbooks, supplementary materials, library books, audiovisual media, class content, and technology on the basis of citizen concerns will be conducted in response to a properly filed request. Forms [\(08.2322 AP.21\)](#) for such requests will be made available to any resident of the District at the Principal's Office. The request shall include a statement of reason for objection and a statement of desired action regarding the material.

In the event of a citizen complaint regarding instructional materials, freedom of information and professional responsibility shall be the guiding principles. The use of challenged material may be restricted until final disposition has been made. However, individuals may be assigned other materials in lieu of those being challenged.

REVIEW COMMITTEE

The Superintendent/designee shall establish a Review Committee, composed of the Principal, professional librarian(s), two (2) staff members as designated by the Principal and whose subject area is affected, and two (2) parents. All committee members shall represent the school receiving the complaint.

The following steps shall be taken by the Review Committee:

1. Review the specific written complaint.
2. Read and/or examine the materials in question.
3. Determine general acceptance of the challenged materials in the community, other school systems and professional media.
4. Discuss the complaint and merit of the challenged material; make a value judgment based on the materials as a whole, and not on parts taken out of context.
5. Determine the merit of potential alternative instructional materials.
6. [Complete a Reconsideration of Instructional/Library Materials Form \(08.2322 AP.22\)](#) ~~Prepare a recommendation for disposition of the complaint.~~
7. ~~File a written decision with the Principal and/or school council, as appropriate, and send a copy to the Superintendent/designee.~~

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The ~~Superintendent~~Principal shall inform the complainant in writing [\(08.2322 AP.23\)](#) of the decision within twenty (20) school days after receipt of the completed form.

Review of Challenged Instructional Materials

APPEAL

~~Within twenty (20) school days after the complainant has been informed of the committee's decision, the complainant may appeal the decision, in writing, to the Superintendent/designee.~~

~~Upon receipt of the appeal, the Superintendent/designee will review the challenged material and the decision of the Review Committee and, within twenty (20) school days, notify the complainant and Principal of his/her determination.~~

Within twenty (20) school days after the complainant has been informed of the decision of the Superintendent/designee, the complainant may appeal the decision, in writing, to the Board.

The Board will consider the appeal at the next scheduled meeting and so notify the complainant of its final decision regarding the challenged material.

**Review Committee~~Staff/School Council~~ Reconsideration of
Instructional/Library Materials**

SCHOOL _____ TEACHER _____

Please indicate the format of the material (book, DVD, magazine, CD, etc.): _____
Title _____
AUTHOR _____
PUBLISHER/PRODUCER _____
REVIEW REQUESTED BY: _____
SCHOOL WHERE MATERIALS ARE LOCATED: _____
TEACHER ASSIGNMENT OR LIBRARY/MEDIA CENTER MATERIALS: _____

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NON-FICTION

PURPOSE

1. What is the purpose of the material? _____
2. Is the purpose accomplished? ☐ YES ☐ NO

Authenticity

1. Is the author competent and qualified in the field? ☐ YES ☐ NO
2. What are the reputation and significance of the author and publisher/producer in the field?

3. Is the material current and/or accurate? ☐ YES ☐ NO
4. Are information sources well documented? ☐ YES ☐ NO
5. Are translations and retellings faithful to the original? ☐ YES ☐ NO

Appropriateness

1. Does the material promote the educational goals and objectives of the curriculum? ☐ YES ☐ NO
2. Is it appropriate to the level of instruction intended? ☐ YES ☐ NO
3. Are the illustrations appropriate to the subject and age levels? ☐ YES ☐ NO

Content

1. Is the content well presented by providing adequate scope, range, depth and continuity? ☐ YES ☐ NO
2. Does this material present information not otherwise available? ☐ YES ☐ NO
3. Does this material give a new dimension or direction to its subject? ☐ YES ☐ NO

Reviews

1. Source of review _____
☐ Favorably reviewed ☐ Unfavorably reviewed
2. Does this title appear in one or more reputable selection aids? ☐ YES ☐ NO
If answer is yes, please list titles of selection aids. _____
3. Does this material give a new dimension or direction to its subject? ☐ YES ☐ NO

Review Committee~~Staff/School Council~~ Reconsideration of
Instructional/Library Materials

Fiction**PURPOSE**

1. What is the purpose, theme, or message of the material? _____
2. Is the purpose accomplished? ☐ YES ☐ NO
3. Does reading, viewing, and/or listening to material result in more compassionate understanding of human beings? ☐ YES ☐ NO
4. Does it offer an opportunity to better understand and appreciate the aspirations, achievements, and problems of various ethnic groups? ☐ YES ☐ NO
5. Are questionable elements of the story central to a worthwhile theme or message? ☐ YES ☐ NO

Content

1. Is the view of life presented in the material a realistic one? ☐ YES ☐ NO
2. When factual information is part of the story, is it presented accurately? ☐ YES ☐ NO
3. Are concepts age appropriate for the potential readers? ☐ YES ☐ NO
4. Do characters speak in a language true to the period/section of the country in which they live?
☐ YES ☐ NO
5. Is the presentation of the main character or any of the minor characters offensive? ☐ YES ☐ NO
6. Is there preoccupation with sex, violence, cruelty, brutality, and aberrant behavior that would make this material inappropriate? ☐ YES ☐ NO
7. If there is use of offensive language, is it appropriate to the purpose of the text? ☐ YES ☐ NO
8. Is the material well written or produced? ☐ YES ☐ NO
9. Does the story give a broader understanding of human behavior without stressing differences of class, race, color, sex, education, religion, or philosophy in any adverse way? ☐ YES ☐ NO
10. Does the material make a significant contribution to the history of literature? ☐ YES ☐ NO
11. Are the illustrations appropriate and in good taste? ☐ YES ☐ NO
12. Are the illustrations realistic in relation to the story? ☐ YES ☐ NO

ADDITIONAL COMMENTS: _____

Principal's/designee's Signature

Date

EXPLANATION: SB 1 AMENDS KRS 160.345 TO REQUIRE THE SUPERINTENDENT TO DETERMINE WHICH CURRICULUM, TEXTBOOKS, INSTRUCTIONAL MATERIALS, AND STUDENT SUPPORT SERVICES SHALL BE PROVIDED IN THE SCHOOL AFTER CONSULTING WITH THE BOARD, THE PRINCIPAL, AND THE SCHOOL COUNCIL.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT TO INCLUDE WITH UPDATE 3/17/2022
CURRICULUM AND INSTRUCTION

08.2322 AP.23

PrincipalStaff/School Council Reconsideration Decision

(Date)

Dear _____:

~~A committee~~ The Review Committee ~~staff~~ has reviewed your request to reconsider _____ . We have decided to:

- ☐ Retain materials
- ☐ Remove materials ~~Replace~~
- ☐ Assign alternative materials ~~Reassign (alternative)~~
- ☐ Assign materials to restricted section of the library/media center and require a signed parent/guardian permission form
- ☐ Other, as specified _____.

~~You must contact me within twenty (20) days of the date of this letter if~~ If you wish to appeal this decision to the Board ~~Superintendent~~, you must do so in writing within twenty (20) school days.

Thank you for your interest in ~~the District's~~ _____ schools and the instructional library materials used.

Sincerely yours,

Superintendent's ~~Principal/designee's~~ Signature

School

EXPLANATION: HB 563 (2021) AMENDED KRS 158.120 TO REQUIRE THAT BY JULY 1, 2022, LOCAL BOARDS ADOPT A NONRESIDENT PUPIL POLICY TO GOVERN THE TERMS UNDER WHICH THE DISTRICT SHALL ALLOW ENROLLMENT OF NONRESIDENT PUPILS. WRITTEN AGREEMENTS WILL NO LONGER BE NECESSARY.

FINANCIAL IMPLICATIONS: NONRESIDENT PUPILS WILL BE COUNTED IN ADA FOR STATE FUNDING

STUDENTS

09.12 AP.21

Nonresident Student Contract

SCHOOL YEAR

INSTRUCTIONS:

1. ~~Contracts are required by KRS 157.350, which reads in part: "Each district which meets the following requirements shall be eligible to share in the distribution of funds from the fund to Support Education Excellence in Kentucky... (4) Includes no nonresident pupils in its average daily attendance, except by written agreement with the district of the pupils legal residence..."~~
2. ~~One copy of this contract is to be filed with the Kentucky Department of Education, together with the attendance report for the first two (2) months of the school term. Each district is to keep a signed copy on file.~~
3. ~~The Board of Education of the district where the nonresident pupils attend school agrees to make attendance reports at the close of the first two (2) months and at the close of the school term. These reports shall be delivered to the Board of Education where the pupils legally reside and shall agree with the terms of this contract.~~
4. ~~The Board of Education of the district of residence and the Board of Education of the district providing instruction agree that all contractual terms, supplemental agreements, and other conditions governing this exchange of students are herewith fully disclosed. Copies of all such contracts, agreements, and conditions are attached and made part of this contract for nonresident pupils.~~
5. ~~Do either parents or either Board of Education pay tuition for nonresident children? Please check ☐ Yes or ☐ No.~~

• If "yes", the tuition rate and payment term(s) are? Rate: _____ Term: _____ Made payable to: _____

6. ~~The contract may be written to read "any", "all", or a specific number of students, subject to restrictions of the local Board of Education (attach copy of local board policy).~~

The Board of Education of _____ school district (district of legal residence of pupils) enters into a contract with the Board of Education of the Kenton County School District (district where the pupils attend) to educate students accepted based on the following guidelines:

1. ~~Nonresident/Tuition applications will only be considered if there is adequate space in the classrooms of that grade level and/or required programs.~~
2. ~~Assuming space is available, cases are considered for acceptance based on students and family meeting the following criteria:~~
 - 2.9 ~~Satisfactory academic progress and academic effort as determined by the Principal.~~
 - 2.10 ~~Attendance policies of the district including matching the District's average attendance and not exceeding six (6) unexcused attendance events in a school year.~~
 - 2.11 ~~Behavior expectations of the Student Code of Expected Behavior and Conduct.~~
 - 2.12 ~~Parents/guardians and students are cooperative and supportive in their working relationship with the school.~~
3. ~~If approved, this commitment is for one (1) school year and is subject to the following limitations:~~
 - 3.1 ~~A nonresident fee of \$500.00 for grades K-12 and \$250.00 for kindergarten is due prior to the beginning of each school year.~~
 - 3.1.1 ~~This nonresident fee is waived for full-time Kenton County Employees.~~
 - 3.1.2 ~~Nonresident fee will not be prorated throughout the school year and is non-refundable.~~
 - 3.2 ~~Applications are to be made each school year.~~
 - 3.3 ~~Applications must be received and approved by the Principal and Department of Student Services prior to enrollment.~~
 - 3.4 ~~Athletic eligibility is determined by the KHSAA guidelines 6-12.~~
 - 3.4.1 ~~This application may be denied or revoked based on the following:~~
 - 3.5 ~~If enrollment in any program is over state class size guidelines either at the time of the request or if the enrollment goes over these guidelines during the year.~~
 - 3.6 ~~Failure to abide by any of the criteria listed above related to academic effort and performance, attendance, behavior and attitude, and cooperative and supportive relationship with the home. Failure to abide may subject the applicant to a Suspension and/or Expulsion Hearing and return to their original school immediately.~~
 - 3.7 ~~Failure to pay fees in advance as stipulated in agreement.~~

STUDENTS _____

09.12 AP.21

(CONTRACT)

Nonresident Student Contract

This contract further provides that the average daily attendance of the pupil(s) is to be counted in the district where the pupil(s) attend school. A list of approved students from your district is attached. The Board of Education of the Kenton County School District is to receive transportation credit for ANY/ALL pupils reported in Part I, such credit to be calculated in accordance with KRS 157.370. This contract must be executed below by the Board of Education where the pupils legally reside:

_____, Chairman for _____ School District
_____, Secretary _____ Date: _____

This contract must be executed below by the Board of Education where the pupils will be educated:

_____, Chairman for the Kenton County School District
_____, Secretary _____ Date: _____

PERSONNEL _____

03.221 AP.23

Transportation Time Sheet

Driver's/Monitor's Name: _____ Employee ID #: _____

Bus #: _____ Date: _____

PART I — What time do you depart from the location where your bus is parked?_____
A.M. Mid-day P.M.**PART II** — What time do you pick up your first student?_____
A.M. Mid-day P.M.**PART III** — What time do you let your last student off?_____
A.M. Mid-day P.M.**PART IV**

List any additional route that you may have but drive less than five (5) days a week (i.e. Project Ascent, Special Education, Vocational School, etc.)

Amount of time each trip				
Monday	Tuesday	Wednesday	Thursday	Friday
_____ AM Mid-PM	_____ AM Mid-PM	_____ AM Mid-PM	_____ AM Mid-PM	_____ AM Mid-PM

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PART V Comments: _____**PART VI**

List the time needed to gas & clean your bus. Time listed is not to exceed thirty (3) minutes per day. Minutes per day: _____

PART VII — Fill out A, B, C, & D only

(A)	(B)	(C)	(D)	(E)	(F)
Morning Time	Mid-day Time	Afternoon Time	Driving Time	Gas & Cleanup	Total Time
Start—Stop	Start—Stop	Start—Stop			

Drivers or Monitors — DO NOT FILL IN THIS PART

Morning Time	Mid-day Time	Afternoon Time	Driving Time	Gas & Cleanup	Total Time

I, the undersigned, do hereby state that the above information is true and correct.

Signature Date

~~PERSONNEL~~

03.221 AP.24

~~–CLASSIFIED PERSONNEL–~~**Overtime Approval Form**

FOR PRIOR APPROVAL OF OVERTIME HOURS, COMPLETE THIS FORM AND SUBMIT IT TO THE CENTRAL OFFICE.

Hourly-classified employees required to work in excess of forty (40) hours per week will be paid at the rate of 1½ times the regular rate for all hours beyond forty (40) as provided by law. Overtime must be approved in advance by the Superintendent or designee.

Please grant approval for _____
(Employee/Job Title)

to work overtime on _____ at _____
(Date) (Location)

The total estimated overtime hours shall not exceed _____

DESCRIPTION OF WORK TO BE PERFORMED: _____

EXPLAIN WHY OVERTIME IS NECESSARY: _____

EXPLAIN HOW OVERTIME WILL BENEFIT DISTRICT: _____

Requested by: _____

Approved by: _____

(Superintendent/Designee)

OVERTIME VERIFICATION

The above listed job has been completed and did not exceed the prior approved number of hours. The above listed employee's actual overtime hours for the completion of this project are _____ hours.

Verified by: _____

(School Level/Principal)

(District Level/Superintendent or Designee)

AFTER VERIFICATION, RETURN THIS FORM TO THE PAYROLL CLERK AT THE CENTRAL OFFICE.

RELATED PROCEDURE:

03.121 AP.23

- CLASSIFIED PERSONNEL -**Evaluation Process****FREQUENCY AND TIME**

Each classified employee shall receive a summative evaluation ~~be evaluated~~ at least once each year for the first four (4) years of employment. Following the completion of four (4) successful years of employment, classified employees will receive a summative evaluation a minimum of once every three (3) years. This evaluation shall be performed by the Principal or the Immediate Supervisor ~~by~~

~~☐ March 1~~

~~☐ April 1~~

~~☐ May 1~~

EVALUATION PROCEDURE

The evaluations shall be made in writing, and the evaluator shall hold a conference with the evaluatee. The employer's written comments (if any) shall be attached to the report and the report filed with personnel records in the Central Office. An appeal process is available to employees who wish to appeal their evaluation.

EVALUATION APPEAL

An employee may appeal his/her evaluation as follows:

1. The employee may request a review of his/her evaluation with the immediate supervisor.
2. If a review is requested, the Superintendent/designee shall set the time and place of the review with the employee and immediate supervisor.
3. During the review process, the employee shall be given the opportunity to present any evidence or testimony supporting his/her position.
4. Within ten (10) working days of the hearing, the Superintendent/designee shall prepare and forward to the employee and the employee's supervisor a written response to the appeal.
5. All information relating to the employee's evaluation shall be placed in the employee's appropriate personnel file.
6. Time limits set forth in this section may be extended by the written mutual agreement of the employee and the Superintendent.

RELATED PROCEDURES:

03.28 AP.21

03.28 AP.22

PERSONNEL

- CLASSIFIED PERSONNEL -

Classified Personnel Evaluation

NAME: _____ TITLE: _____
 BUILDING: _____ DEPARTMENT: _____
 GRADE: _____ EVALUATION TYPE: _____
 ASSIGNED ADMINISTRATOR: _____ EVALUATION CYCLE: _____

SAVED BY: _____ DATE SUBMITTED: _____
 ACKNOWLEDGED BY: _____ DATE ACKNOWLEDGED: _____

FINALIZED BY: _____ DATE FINALIZED: _____

DATE OF EVALUATION: _____

DISTRICT MISSION

To provide a world class education ensuring ALL students are college and/or career ready and prepared for the 21st century economy.

PERFORMANCE STANDARDS

0	Unsatisfactory	Minimal to no evidence of meeting job expectations
1	Needs Improvement	Some to inconsistent evidence of meeting job expectations
2	Meets Expectations	Consistently demonstrates meeting job expectations
3	Exceeds Expectations	Beyond proficient, is a role model for others

I. DISPOSITION

Criteria	Unsatisfactory	Needs Improvement	Meets Expectations	Exceeds Expectations
Positive Attitude Demonstrates a positive and engaging attitude towards all people; Builds positive relationships with administrators, supervisors, and peers; Is a team player with all people.				
Customer Service Provides positive and helpful service to all people; Able to put the needs of others first; Able to listen to and solve problems of others; Remains calm when providing customer service in difficult situations.				

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Classified Personnel Evaluation

I. DISPOSITION (CONTINUED)

Works toward District Mission and Goals				
Demonstrates ability to successfully perform job responsibilities AND help the District accomplish its mission and goals; Sees the "big picture" and how their position is an important part of the District's mission and goals; Maintains a positive and open mind when presented with change(s) in their position.				
Growth Mindset				
Strives to continually improve; Accepts feedback and constructive criticism to improve performance; Maintains a positive attitude towards administrators, supervisors and peers when presented with feedback and constructive criticism; Seeks opportunities and feedback to grow professionally.				

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Classified Personnel EvaluationII. JOB PERFORMANCE

<u>Performance Responsibilities</u> Demonstrates ability to successfully perform all responsibilities of the position; is thorough and accurate in completing work; strong attention to detail				
<u>Notes:</u>				
<u>Efficiency and Timeliness</u> Completes assigned responsibilities of the position within required time frames; uses work time wisely and efficiently to complete assigned responsibilities; willing to ask for assistance when responsibilities cannot be completed within established time frames				
<u>Notes:</u>				
<u>Attendance</u> Is prompt and timely when reporting for duty; demonstrates regular attendance; follows appropriate procedures for reporting absences or tardiness				
<u>Notes:</u>				

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Classified Personnel Evaluation**II. JOB PERFORMANCE (CONTINUED)**

<u>Professionalism</u> Reports to duty dressed and groomed appropriately; maintains confidentiality of all information and happenings; language and communication are appropriate; demonstrates respect and cooperation with supervisor				
Notes:				
<u>Work Ethic</u> Uses initiative to work independently and act promptly; able to identify and prioritize responsibilities. All of these items occur even when minimal direction or supervision is provided				
Notes:				

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III. SELF EVALUATION

1. Explain what you believe has been your strongest area of performance during this evaluation period.
2. Explain what area of performance you would like to most improve in the next evaluation period.
3. Explain how the District and your supervisor can support you in improving the area of performance you identified in #2 of this section.

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PERSONNEL

03.28 AP.21

(CONTINUED)

Classified Personnel Evaluation

IV. OVERALL PERFORMANCE RATING & RECOMMENDATION

SUMMATIVE RATING

Total Score: _____

<u>0 – 6</u>	<u>Unsatisfactory</u>	<u>Minimal to no evidence of meeting job expectations</u>
<u>7 – 13</u>	<u>Needs Improvement</u>	<u>Some to inconsistent evidence of meeting job expectations</u>
<u>14 – 22</u>	<u>Meets Expectations</u>	<u>Consistently demonstrates meeting job expectations</u>
<u>23 – 27</u>	<u>Exceeds Expectations</u>	<u>Beyond proficient, is a role model for others</u>

SUPERVISOR COMMENTS (OPTIONAL):

RECOMMENDATION:

- ☐ Recommended to continue in assignment
- ☐ Recommended to continue in assignment with an assistance plan
- ☐ Not recommended to continue in assignment

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PERSONNEL _____ 03.28 AP.21

(CONTINUED)

Classified Personnel Evaluation

EMPLOYEE'S NAME _____ SCHOOL YEAR _____

WORKSITE/SCHOOL _____ SUPERVISOR _____

POSITION:

- ☐ BUS DRIVER ☐ SCHOOL NUTRITION EMPLOYEE
☐ CUSTODIAN ☐ MAINTENANCE PERSONNEL
☐ INSTRUCTIONAL ASSISTANT ☐ BUS MECHANIC
☐ CLERICAL PERSONNEL ☐ OTHER, SPECIFY _____

EXPLANATION OF THE SCALE:

SATISFACTORY (S) UNSATISFACTORY (U)
IMPROVEMENT NEEDED (IN) NOT APPLICABLE (NA)

JOB KNOWLEDGE:

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position:

- (a) Has necessary skills to complete tasks required in current job.
(b) Understands and completes all records, reports, and documents required.
(c) Has working knowledge of equipment/material that is necessary for completion of assigned task.
(d) Attends appropriate in-service programs.
(e) Adheres to Board policies.

S	IN	U	NA

Comments: _____

PRODUCTIVITY AND QUALITY OF WORK:

Rate the completion, accuracy, timeliness, and volume of work:

- (a) Completes the required tasks.
(b) Completes tasks accurately.
(c) Completes tasks in a timely manner.
(d) Uses proper safety measures when working.
(e) Takes initiative in seeking and completing tasks without supervision.

S	IN	U	NA

Comments: _____

PERSONNEL

03.28 AP.21

(CONTINUED)

Classified Personnel Evaluation

RESPONSIBILITY, DEPENDABILITY, AND ATTENDANCE:

Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability, and general assistance.

- (a) Uses discretion with confidential or privileged information.
- (b) Follows directions.
- (c) Uses good judgment in performing responsibilities.
- (d) Organizes work responsibilities and sets priorities.
- (e) Has a good attendance record.
- (f) Reports to work punctually.
- (g) Returns to work from break and/or lunch punctually.

S	IN	U	NA

Comments: _____

INTERPERSONAL RELATIONS:

Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

- (a) Deals with students and parents in a positive, constructive manner.
- (b) Deals with colleagues and supervisors in a positive, constructive manner.
- (c) Cooperates in accomplishing school and District goals and objectives.
- (d) Handles problems in a constructive and fair manner.
- (e) Works through line/staff relationships when addressing problems.
- (f) Offers differing opinions in a constructive and helpful manner.
- (g) Demonstrates effective written and verbal communication skills.

S	IN	U	NA

Comments: _____

SUMMARY

Overall job performance on applicable items:

S	IN	U	NA

PERSONNEL _____ 03.28 AP.21
(CONTINUED)

Classified Personnel Evaluation

Overall, does the employee meet the designated performance standards? ☐ Yes ☐ No

Comment: _____

Growth and Development: Activities in which the employee has participated which could increase job effectiveness. _____

Improvement in the areas noted on this evaluation can be achieved by the following:

~~This review has been discussed with the employee who has been given a copy. Signatures acknowledge completion of the evaluation and not necessarily agreement.~~

Employee's Signature Date *Supervisor's Signature Date*

Employee's Comments: _____

RELATED PROCEDURE:

03.28 AP.22

Community Use of School Facilities**GENERAL REGULATIONS OF FACILITY USAGE**

The use of school facilities for K-12 school instructional and extracurricular programs, meetings of students, teachers, parent-teacher organizations, or other Organizations directly affiliated with the schools will have precedence over other requests. Sponsors of school activities and events are encouraged to schedule their facility needs in advance of the date of use to assist in the further scheduling of the facility. To ensure the care and preservation of school facilities and equipment and to ensure fairness and consistency in the implementation of Board policy governing use of facilities, the following categories have been established. These categories have been approved to determine priority for facility use and a fee schedule has been provided for approved users outside of regular programs or activities when designated space and facilities are available. There will also be a separate fee schedule for school day/time and non school day/time use (see below the definition of both). **Categories:**

Category 1 will be given the highest priority and Category 5 the lowest priority. However, every effort will be made to accommodate all requests.

Category 1 - K-12 Program Activities

Category 2 – Community Ed. Programs/School Support Groups

Category 3 - Community Use Non-Profit Groups

Category 4 - Private Citizen Use/Non Profit Groups

Category 5 – Commercial Users

School Day/Time: Monday – Friday when school is in session, ninety (90) minutes after the end of the school day at the campus being used – ½ hour prior to each individual building's support staff work shift completion

Non School Day/Time: All Saturdays and Sundays, summers and any day or time when Kenton County Schools are not in session

NATURE OF PROGRAM

Programs and activities of users must be of a nature suitable for presentation in a public school, must be lawful, and must conform to all of the policies of the Board of Education.

SUPERVISION & SECURITY

All activities must be under competent adult supervision approved by the Principal/designee of the building involved. User groups must take reasonable steps to insure orderly behavior and will be required at their expense to provide school-approved security personnel as determined necessary by the administration. In all cases the use of the school facilities will require that a school district employee be present when the building is open. Outside organization rentals on Saturdays and Sundays must have custodian present the entire time (depending on size and nature of event, a separate supervisor may also be needed.)

Community Use of School Facilities**DAMAGE AND/OR PROPERTY LOSS**

Users will be responsible for paying for all damage incurred by their use of the facility or equipment, including property of pupils and employees. In the event that property loss or damage is incurred during use or occupancy of district facilities, the amount of damages shall be determined by the Principal/designee and approved by the administration, and a bill for damages will be presented to the group using the facilities. Payment for damage must be made within two weeks of receipt of the bill. The District will not be responsible for any loss of valuables or personal property.

RESTRICTIONS ON USE

Approved users are restricted to the dates and hours approved and to the building area and facilities specified. Buildings will normally be opened one-half hour before the scheduled program time and closed one-half hour after the scheduled program time.

FIRE & SAFETY REGULATIONS

Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

CONDITION OF ROOMS

User groups are expected to leave all rooms and furniture in the condition and arrangement in which they were found.

INCLEMENT WEATHER

All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. Facilities will be cleared for school use only.

CONTROLLED SUBSTANCES

Controlled substances (i.e. alcoholic beverages, cigarettes, marijuana, etc.) will not be permitted in school facilities or on school property at any time.

USE OF CUSTODIANS

When a group or organization uses a facility during the time a custodian is normally on duty, the custodian will see that the facility is properly heated, that lights are turned on and that doors are opened for the group's use of the facility. The employee will be responsible for handling furniture and equipment and seeing that the facility and equipment are left in good order after the activity is over. Outside organization rentals on Saturdays and Sundays must have custodian present the entire time (depending on size and nature of event, a separate supervisor may also be needed).

OPENING OF OFFICES

Building custodians have been instructed that only in the case of an emergency are offices to be opened and/or telephones used.

Community Use of School Facilities**FOOD/DRINK IN BUILDINGS**

No food/drink items of any type are to be used in District facilities without the prior knowledge and consent of the Principal/designee. Should a kitchen area be desired for use of food preparation, it is understood that an approved member of the school cafeteria staff will be necessary at user expense to supervise the kitchen. If food is brought into the facility the organization using the facility will be responsible for clean-up.

USE DURING NON SCHOOL TIME

Use during summer months, holidays or during other periods shall not conflict with building cleaning or building renovations. Use will also follow the non school time schedule for fees.

LIABILITY INSURANCE

To the maximum extent permitted by law, the renter agrees to indemnify and hold harmless the District, the Board of Education, individual Board members(both past and present), the District's administration and/or any other District representatives, employees, agents and officials, for any claims, actions, liabilities, costs and expenses, including reasonable attorney fees, which are alleged to arise or result from, or are related to, the renter's use of the Property or the activities that are conducted by the renter on the Property. This liability includes, but is not limited to, claims for bodily injury or death of persons and for loss of or damage to property. This liability does not include claims resulting from the negligent or intentional acts of the District and/or its agents. Further, nothing contained within this provision shall operate to limit or waive, or be construed as limiting or waiving, the District's immunity from liability as granted by state and/or federal law.

A certificate of liability insurance will be required for Categories 2, 3, 4 and 5 at least two weeks prior to use. Insurance is not required for category 1 or any other group that falls under district liability coverage. Minimum liability insurance in the following amount must be provided: \$2,000,000 in the aggregate and \$1,000,000 per occurrence for general liability, \$10,000 for property damage. The Kenton County Board of Education shall be named as the additional insured on the copy of the organization's insurance certificate. User is responsible for getting the insurance.

ENFORCEMENT OF RULES

Responsibility for enforcement of rules and regulations regarding use of school facilities rests with groups using the facilities. Permits to use a facility may be canceled at any time when there is evidence that the rules and regulations outlined herein are being violated. In case of cancellation the Kenton County Schools assumes no liability other than return of fees charged. Any infraction of the building use regulations herein listed may also be grounds for refusing to grant subsequent requests for the use of school facilities.

Community Use of School Facilities**REQUIREMENTS****BUILDING USE CONTRACTS**

Requests for the use of school facilities shall originate with a responsible adult representing the organization (also called "User") and will make the request to the Principal/designee of the school requested. Completed contracts must be signed by the User then the school Principal, and should be submitted a minimum of two (2) weeks in advance of use to the Superintendent/designee for final contract approval. Upon final contract approval, the Principal/designee will send a copy of the approved contract to the User and keep a copy on file in the school office. A copy will also be maintained in the Superintendent's/designee's office. The contract should not be considered to be approved until the user receives the signed copy after final approval.

User must have their request form in their possession at the event.

DISTRICT SUPERVISOR FEES

If services of the district supervisor are required and the district supervisor is called away from his regular duties, then the group will be required to pay the supervisory contracted rate for each hour or fraction thereof that he is obliged to work. Users will be charged for supervisory time required to setup special school equipment and furniture (e.g., P. A., tables for large banquets, risers, etc.). All pay for district supervisors will be at the current rate of pay. The district supervisor must be an employee of the school that is being rented. If a district supervisor in the building is not willing to work the event, another employee (excluding an administrator) may work the event and payment to them will be at the current rate paid for supervisory duties. All payments for supervisory fees must be paid to the Board.

CUSTODIAL FEES

If services of the custodian are requested and the custodian is called away from his regular duties, then the group will be required to pay the custodial contracted rate for each hour or fraction thereof that he is obliged to work. Users will be charged for custodial time required to setup special school equipment and furniture (e.g., P. A., tables for large banquets, risers, etc.). All pay for custodians will be at the current rate of pay. The custodian should be an employee at the school that is being rented. If a custodian in the building is not willing to work the event, another employee (excluding an administrator), who understands the custodial responsibilities, may work the event and payment to them will be at the current supervisory rate. All fees must be paid to the Kenton County Board of Education.

EQUIPMENT FEES

The use of equipment by non-school groups shall be granted only upon advance approval of the Principal/designee. Extra compensation must be paid for employees for moving, operating, or supervising special or extra equipment and will be charged to the using group.

Community Use of School Facilities

COLLECTION OF FEES

In all cases, fees for Category 2, 3, 4 and 5 users (which pay for use) will be billed within two weeks of the date of use. This includes facility rental charges, staff costs and fees for extra services which may be required. Estimated fees for Category 4 and Category 5 users shall be paid in advance. A deposit fee of at least 50% of the total estimate is due at least two weeks prior to the date of use.

NOTICE OF CANCELLATION

The Administration reserves the right to cancel with reasonable notice any non-school event in order to maintain first right of use of school facilities for school programs. All approvals are granted with this understanding.

ADDITIONAL PERSONNEL FEES

Food Service/Kitchen Supervisor- as established by current pay schedule.

Auditorium Sound/Light Technician- as established by current pay schedule

Life Guard - a life guard must be on the pool deck at all times. The school will approve the guard assigned who will be paid according to the current pay schedule.

CATEGORY AND FEE STRUCTURE

The District Director of Student Engagement will have the final say if a category is disputed.

CATEGORY 1: K-12 PROGRAM ACTIVITIES

K-12 Program Activities are those which directly relate to regular or extracurricular K-12 events and are sponsored by the school or District group. These include, but are not limited to, music performances, plays, athletic events, parent orientation meetings, meetings of school sponsored clubs, honor society induction's, award banquets, PTO and PTA organizations etc.

Fees for Category 1 – See fee schedule

CATEGORY 2: COMMUNITY EDUCATION PROGRAMS/SCHOOL SUPPORT GROUPS

Community Education programs solely or jointly administered by the Board of Education will be granted a second priority for available District space and facilities. School-related support groups include but are not limited to: Parent Advisory Groups, Boosters Clubs (such as band, athletic, etc.), Special Olympics, local Scout organizations, 4H, high school sponsored athletic leagues and camps, and other school support groups who provide services only for students who live in the District.

Fees for Category 2 – See fee schedule

Community Use of School Facilities**CATEGORY 3: COMMUNITY NON-PROFIT GROUPS/OTHER SCHOOL DISTRICTS**

Community non-profit groups such as governmental agencies, church groups or organized groups who provide local, civic, educational, or cultural activities and are staffed by volunteers. Examples of Category 3 users include but are not limited to: Jaycees, Kiwanis, Rotary, Big Brothers/Big Sisters, local youth football teams, YMCA, AAU basketball teams, club volleyball teams, youth baseball teams, etc.

Fees for Category 3 – See fee schedule

CATEGORY 4: PRIVATE CITIZEN USE/NON-PROFIT GROUPS

Private Citizen Use/Non-Profit Groups are defined as formally/informally organized groups of community residents who are interested in using school facilities for a particular use such as recreational, educational cultural, religious or charitable goals. This category includes, but is not limited to church services, neighborhood associations, political party meetings, etc.

Fees for Category 4 – See fee schedule

CATEGORY 5: COMMERCIAL USERS

Commercial users are defined as private businesses for profit, vendors or entrepreneurs. Commercial users are discouraged from application for K-12 facility use. Applications for use of facilities by commercial users will be reviewed and permission must be granted by the Board. Approval of all applications in Category 5 will be based upon the following criteria: benefits to the District and the community educational contribution, potential wear and tear on school facilities, appropriateness of the activity, and relationship of the activity to the stated mission of the District.

Fees for Category 5 – See fee schedule

SCHEDULE OF FEES FOR FACILITY USE

There may be circumstances when a specific event may require adjustments to the fee schedule.

Community Use of School Facilities

Please see General Regulations of Facility Usage – 05.3 AP.1 document for category descriptions.

Facility	School Time Fee School Time- Monday-Friday when school is in session, ninety (90) minutes after the end of the school day at the campus being used – ½ hour prior to each individual building's support staff work shift completion.	Non School Time Fee 2 Hour Minimum Non School Time – All Saturdays and Sundays, winter, spring, summer break, and any day or time when Kenton County Schools are not in session.
Category 1 K-12 Program Activities		
All Gymnasiums	No Charge	No Charge for day, custodial charge at current rate (if required)
All Cafeterias	No Charge	No Charge for day, custodial charge at current rate (if required)
All Auditoriums	No Charge	No Charge for day, custodial charge at current rate (if required)
All Fields	No Charge	No Charge for day, custodial charge at current rate (if required)
All Classrooms	No Charge	No Charge for day, custodial charge at current rate (if required)
All Media Centers	No Charge	No Charge for day, custodial charge at current rate (if required)
Scott High School Pool	No Charge	No Charge for day, custodial charge at current rate (if required)
Category 2 Community Ed. Programs/School Support Groups		
		2 Hour Minimum
Elem. Gymnasiums	No Charge	\$25 per hour or \$100 per day plus custodial at current rate (if required)
MS and RR Gyms	No Charge	\$30 per hour or \$120 per day plus custodial at current rate (if required)
HS Gymnasiums	No Charge	\$35 per hour or \$150 per day plus custodial at current rate (if required)
All Cafeterias	No Charge	\$20 per hour plus custodial at current rate (if required)
All Multi-Purpose Rooms	No Charge	\$30 per hour plus custodial at current rate (if required)
HS Auditoriums	No Charge	\$30 per hour or \$120 per day plus custodial at current rate (if required)

Community Use of School Facilities**SCHEDULE OF FEES FOR FACILITY USE (CONTINUED)**

Category 2 Community Ed. Programs/School Support Groups		2 Hour Minimum
Classroom	No Charge	\$10 per hour plus custodial at current rate (if required)
Media Center	No Charge	\$20 per hour plus custodial at current rate (if required)
Practice Field	No Charge	\$30 per hour or \$120 per day plus custodial at current rate (if required)
MS Football Fields	Custodial Charge at current rate (if required)	\$50 per hour or \$200 per day plus custodial at current rate (if required)
HS Football Fields or Indoor Turf Field	Custodial Charge at current rate (if required)	\$75 per hour or \$300 per day plus custodial at current rate (if required)
Scott Soccer Field	Custodial Charge at current rate (if required)	\$50 per hour or \$200 per day plus custodial at current rate (if required)
HS Baseball and Softball Fields	Custodial Charge at current rate (if required)	\$50 per hour or \$200 per day plus custodial at current rate (if required)
Scott High School Pool	Custodial Charge at current rate (if required)	\$50 per hour or \$200 per day plus custodial at current rate (if required)
Category 3 Community Use/ Non-Profit Groups	2 Hour Minimum	2 Hour Minimum
Elem. Gymnasiums	No Charge	\$40 per hour or \$150 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
MS and RR Gymnasiums	No Charge	\$50 per hour or \$200 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
HS Gymnasiums	No Charge	\$60 per hour or \$300 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)

Community Use of School Facilities

Schedule of Fees for Facility Use (continued)

Category 3 Community Use/ Non- Profit Groups	2 Hour Minimum	2 Hour Minimum
All Cafeterias	No Charge	\$30 per hour or \$150 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
All Multi-Purpose Rooms	No Charge	\$40 per hour or \$150 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
HS Auditoriums	No Charge	\$60 per hour or \$300 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Classroom	No Charge	\$20 per hour or \$75 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Media Center	No Charge	\$30 per hour or \$150 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Practice Field	\$50 per hour or \$200 per day plus \$15 per hour for lights (if required) plus custodial at current rate (if required)	\$50 per hour or \$200 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
MS Football Fields	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required)	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
HS Football Fields or Indoor Turf Field	\$100 per hour or \$400 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required)	\$100 per hour or \$400 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Scott Soccer Field	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required)	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
HS Baseball and Softball Fields	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required)	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Scott High School Pool	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required)	\$75 per hour or \$300 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)

Community Use of School Facilities

Schedule of Fees for Facility Use (continued)

Category 4 Private Citizen Use/Non-Profit Groups – (not student related)	2 Hour Minimum	2 Hour Minimum
Elem. Gymnasiums	\$100 per hour or \$400 per day plus custodial at current rate (if required)	\$100 per hour \$400 per day plus custodial at current rate (required) and district supervisor per hour at current rate (required)
MS and RR Gymnasiums	\$150 per hour or \$500 per day plus custodial at current rate (if required)	\$150 per hour or \$500 per day plus custodial at current rate (required) and district supervisor per hour at current rate (required)
HS Gymnasiums	\$200 per hour or \$750 per day plus custodial at current rate (if required)	\$200 per hour or \$750 per day plus custodial at current rate (required) and district supervisor per hour at current rate (required)
All Cafeterias	\$100 per hour or \$400 per day plus custodial at current rate (if required)	\$100 per hour or \$400 per day plus custodial at current rate (required) and district supervisor per hour at current rate (required)
All Multi-Purpose Rooms	\$125 per hour or \$500 per day plus custodial at current rate (if required)	\$125 per hour or \$500 per day plus custodial at current rate (required) and district supervisor per hour at current rate (required)
HS Auditoriums	\$175 per hour or \$700 per day plus custodial at current rate (if required)	\$175 per hour or \$700 per day plus custodial at current rate (required) and district supervisor per hour at current rate (required)
Classroom	\$60 per hour or \$300 per day plus custodial at current rate (if required)	\$60 per hour or \$300 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Media Center	\$100 per hour or \$400 per day plus custodial at current rate (if required)	\$100 per hour or \$400 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Practice Field	\$150 per hour or \$500 per day plus custodial at current rate (if required)	\$150 per hour or \$500 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Scott Soccer Field	\$300 per hour or \$1200 per day, plus custodial at current rate (if required)	\$300 per hour or \$1200 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate

Community Use of School Facilities**SCHEDULE OF FEES FOR FACILITY USE (CONTINUED)**

Category 4 Private Citizen Use/Non-Profit Groups – (not student related)	2 Hour Minimum	2 Hour Minimum
MS Football Fields	\$300 per hour or \$1200 per day, plus custodial at current rate (if required).	\$300 per hour or \$1200 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate.
HS Football Fields or Indoor Turf Field	\$500 per hour or \$2000 per day, plus custodial at current rate (if required)	\$500 per hour or \$2000 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate.
HS Baseball and Softball Fields	\$300 per hour or \$1200 per day, plus custodial at current rate (if required)	\$300 per hour or \$1200 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate.
Scott High School Pool	\$300 per hour or \$1200 per day, plus custodial at current rate (if required)	\$300 per hour or \$1200 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate.
Category 5 Commercial Users/For Profit Groups (Supt. approval required)	2 Hour Minimum	2 Hour Minimum
Elem. Gymnasiums	\$150 per hour or \$500 per day plus custodial at current rate (if required)	\$150 per hour or \$500 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate.
MS and RR Gymnasiums	\$200 per hour or \$750 per day plus custodial at current rate (if required)	\$200 per hour or \$750 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate.
HS Gymnasiums	\$250 per hour or \$1000 per day plus custodial at current rate (if required)	\$250 per hour or \$1000 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate.
All Cafeterias	\$150 per hour or \$500 per day plus custodial at current rate (if required)	\$150 per hour or \$500 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate.
All Multi-Purpose Rooms	\$175 per hour or \$700 per day plus custodial at current rate (if required)	\$175 per hour or \$700 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate.

Community Use of School Facilities**SCHEDULE OF FEES FOR FACILITY USE (CONTINUED)**

Category 5 Commercial Users/For Profit Groups (Supt. approval required)	2 Hour Minimum	2 Hour Minimum
HS Auditoriums	\$225 per hour or \$900 per day, plus custodial at current rate (if required)	\$225 per hour or \$900 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate
Classroom	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required)	\$75 per hour or \$300 per day, plus \$15 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Media Center	\$150 per hour or \$500 per day plus custodial at current rate (if required)	\$150 per hour or \$500 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
Practice Field	\$200 per hour or \$700 per day plus custodial at current rate (if required)	\$200 per hour or \$700 per day plus custodial at current rate (if required) and district supervisor per hour at current rate (if required)
MS Football Fields	\$400 per hour or \$1,500 per day, plus custodial at current rate (if required)	\$400 per hour or \$1,500 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate
HS Football Fields or Indoor Turf Field	\$600 per hour or \$2,400 per day, plus custodial at current rate (if required)	\$600 per hour or \$2,400 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate
HS Baseball and Softball Fields	\$400 per hour or \$1,500 per day, plus custodial at current rate (if required)	\$400 per hour or \$1,500 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate
Scott Soccer Field	\$400 per hour or \$1,500 per day, plus custodial at current rate (if required)	\$400 per hour or \$1,500 per day, plus \$50 per hour for lights (if required), plus custodial at current rate (if required) and district supervisor per hour at current rate
Scott High School Pool	\$400 per hour or \$1,500 per day, plus custodial at current rate (if required)	\$400 per hour or \$1,500 per day, plus custodial at current rate (if required) and district supervisor per hour at current rate

Facility Use Contract

This agreement made by and between the Kenton County Board of Education, the school principal, and the Superintendent/designee authorized so to act by direction of the Board of Education and _____ hereinafter referred to as "user" of the school facilities hereinafter described. The user is a: (Check One): ☐ profit organization ☐ non-profit organization/FEIN # _____

Category of user (1-5) _____ (Final determination of category is made by Superintendent/designee).

WITNESSETH:

The school principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

_____ at the following times and dates: _____ subject to the following terms and conditions:

1. School facilities shall not be utilized by any outside group prior to ninety (90) minutes after the end of the school day at this campus.
2. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions specified by the Principal. Any violation of such terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the Principal.
3. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Kenton County Board of Education policies, specifically including Board Policy 05.3, the terms of which are incorporated herein by reference.
4. The reserved time/date for use by user may be cancelled or preempted by Principal or Superintendent / designee and permissions for use may be terminated without cause by notice from Principal or designee.
5. Approved Users are-is responsible for the conduct and safety of their/its participants, or guests, coaches, officials, and spectators. Automated External Defibrillators (AED) accessibility is not the responsibility of the KCS D facility.
6. There shall be no transfer or assignment of this agreement, nor any profit making or commercial venture subject to this use.
7. Approved users are responsible for the observance of county and state fire and safety regulations at all times. Corridors, exits, and stairways shall be kept free of obstructions. Members of an audience or spectators must never stand or sit to block exits, aisle ways, or stairways. Facility capacities as determined by the Fire Marshall shall be observed.

Facility Use Contract

8. All activities will be cancelled when school is closed due to inclement weather. Outside groups using our facilities during inclement weather will be at their own risk. **Campuses will be cleared for school use only.**
9. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
10. The user agrees to hold harmless and defend the Kenton County Board of Education, its employees and agents, for any claim, liability, damage, loss or expense resulting from the utilization of the facilities used hereunder.
11. The user agrees to provide liability insurance coverage for its use of the facilities including the following minimum amounts:
The liability insurance certificate is required to include the following minimum amounts:
 2,000,000 General Liability coverage in the aggregate
 \$1,000,000 General Liability coverage per occurrence
 The Kenton County Board of Education is noted as additional insured
A copy of the liability policy or declaration of coverage page must be attached to this contract.
12. An orientation has been provided.
 (Please initial) _____ user _____ school representative

Applicable Fees:

Rental fee: _____ per hr. (min 2 hours)	Rental fee total: _____
Custodial fee: _____ per hr. (min 2 hours)	Custodial fee total: _____
Supervisory fee: _____ per hr. (min 2 hours)	Supervisory fee total: _____
Equipment fee: _____	Equipment fee total: _____
Other fees: _____	Other fees total: _____

50% of total fees to be paid as security deposit at contract signing; remainder to be paid within two (2) weeks after contracted event.

Total Fees: _____ **Deposit:** _____

Checks are payable to Kenton County Board of Education**Supervision/Custodial Support Details:**

Misc. Considerations:

Facility Use Contract

Name of School: _____

Name of Renting Organization
"User"_____
Name of "User" Representative (Print)_____
Address_____
City State Zip() _____
Phone Number_____
E-Mail Address

If responsible individual is other than then the "User" whose signature appears on this page below, please identify that individual. Responsible individual will be in attendance during entire use of facility.

Name_____
Address_____
Telephone Number_____
E-Mail Address

IN WITNESS WHEREOF the Principal and the Superintendent/designee for and on behalf of the Board of Education and the user hereunto set their hands this _____ day of _____, 20____. **Contracts for recurring events expire on June 30th of the school year.**

Signature of "User" Representative_____
Principal_____
Superintendent/designee

Fuel and Equipment**PURCHASING FUEL AND PARTS**

The purchase of fuel, motor oil, transmission fluid, antifreeze, and selected bus parts shall be determined by the Board's bidding policy (04.32) and related procedures. The designated vendor will furnish, install, and maintain, as appropriate, pumps and related equipment for gasoline and diesel fuel.

TANKS TO BE FILLED

Drivers shall keep their bus fuel tank at least half full at all times. Spare buses shall be filled with fuel and cleaned by the driver when the bus is returned to the garage.

PROCEDURES FOR ACQUIRING

Drivers will fuel their buses at the Board's fuel pump(s), as designated.

Drivers will secure their motor oil, transmission fluid, and antifreeze at the bus garage or other facility, as designated. Drivers are required to check all fluid levels daily ~~and are responsible for putting oil into their buses~~. A mechanic, upon request of the driver, will fill buses with antifreeze and transmission fluid.

When buses are to be fueled away from the Board's fuel pump(s), the following procedures shall be observed:

1. No students shall be on board the bus while it is being fueled.
2. The driver shall turn off the engine and remain by fuel pump until fueling is complete.
3. Smoking shall be prohibited at the fueling station at all times.
4. The driver shall record the necessary information (bus number, mileage, number of gallons).

REPLACEMENT OF PARTS

All replacement of parts will be done by a mechanic.

EMERGENCY PROCEDURES

In case of mechanical trouble, the driver will call from a cell phone (or radio) the bus garage or the Director of Transportation/~~Central Office~~-designee for instructions. In the event it becomes necessary for the driver to pay for a bus charge(s), including for fuel, s/he shall get a receipt for the payment and turn it in to the Transportation Director/~~Central Office~~-designee for approval and reimbursement of expenses. The bus number, odometer reading, and number of gallons, if applicable, shall be recorded on the receipt.

TRANSPORTATION

06.13 AP.1
(CONTINUED)

Fuel and Equipment

OUT-OF-DISTRICT TRIPS

Upon approval of the Director of Transportation/~~Central Office~~-designee, a Board credit card may be furnished to drivers making out-of-District trips. These cards are to be used to purchase fuel and/or to pay for minor repairs. In the event it becomes necessary for the driver to pay cash for a bus charge(s), s/he shall get a receipt for the payment and turn it in to the Transportation Director/~~Central Office~~-designee for approval and reimbursement of expenses. In emergency situations, the Superintendent may authorize payment prior to Board approval.

RELATED PROCEDURES:

03.125 AP.21
04.31 AP.2
04.32 AP.1
06.13 AP.2

Accidents

If the school bus is involved in an accident, the following procedures are to be followed by the bus driver:

1. Set the parking brake.
2. Turn off ignition and remove the keys.
3. Remain calm and reassure the pupils.
4. Use emergency reflectors to "protect the scene," as appropriate.
5. Unless the bus is on a railroad track or is in danger of another collision, do not move the vehicles involved until law officers advise you to do so.
6. Check for injury to pupils. If there is an injury, proceed as follows:
 - a) Move the person from danger and give first aid. Caution must be observed if neck or back injury is indicated.
 - b) If the injuries appear to be serious, call an ambulance.
7. If there is no radio/cell phone readily available, use a passing motorist or send an older student to make a cell phone call for assistance.
8. Keep all pupils on the bus unless there is a fire/possibility of a fire or the vehicle is in danger of further collision.
9. Account for all pupils.
10. Notify school administrators and appropriate law enforcement agency of the location and nature of the accident. In reporting the accident, give the following information:
 - a) The exact location of the bus,
 - b) If another bus is needed to transport students, and/or
 - c) If a wrecker is needed.
11. Do not discuss the facts of the accident with anyone except the investigating officer and school officials.
12. When authorized to do so, continue the transportation of the pupils by: (1) the present bus or (2) a substitute bus, if the present bus is inoperable.
13. Fill out an accident report and file it with the Director of Transportation on the day of the accident. Failure to do this constitutes negligence on the part of the driver.
14. The driver is not to admit that an accident is his/her fault. The driver may say, "I'm sorry the accident happened, and it will be reported to the insurance company that handles the Board's insurance."

Accidents

15. Do not offer to pay any damages to the other party involved. If the bus driver is at fault, the Board's insurance company will handle any claims.
16. Never say, "The Board's insurance company will pay for the damage." The Board's insurance adjuster will make that decision. If the representative of another insurance company or an attorney representing the other party involved visits the driver and requests a statement either written or verbal, the driver shall refuse. The driver should tell the party that s/he has filed the accident report with the Director of Transportation and that the party will have to see the Director or the Board's insurance agent. (This is very important in settling claims.)
17. Be sure to get the names, addresses, driver's license numbers, tag numbers, and insurance information of all persons involved in the accident. It is very important to get the names and addresses of any witnesses to the accident.
18. Keep cool. Don't panic. Don't exaggerate.

~~A Transportation Accident Review Committee, as approved by the District, shall review all accidents involving District vehicles. The decision of the Accident Review Committee may be appealed by submitting a written appeal to the Committee within five (5) working days of receiving notification of the Committee's decision.~~

Use of Communication Devices on Bus**RADIOS/CELL PHONES PLACED IN BUS**

Two-way mobile radios or cellular phones placed in the school buses operated by the District can be an important safety device if properly used. The purpose of these radios/phones is to provide instant communication with the base units (located in the bus garage and the Central Office) in case of an accident, mechanical problems, or a misplaced child. The following rules and procedures for the use of mobile radios/cellular phones shall be followed:

1. The radio/phone will be used for school business only.
2. Students or unauthorized persons are not to use the radio/phone.
3. A driver using the radio/phone to report an accident or breakdown shall give the following information:
 - a) The ~~FCC number~~, driver identification number, or bus number, as appropriate.
 - b) The location of the bus.
 - c) Whether or not medical assistance and/or an ambulance is required.
 - d) Whether or not a police officer is needed.
 - e) Whether or not a replacement bus is needed.
 - f) Whether or not a wrecker is needed.
4. The ~~FCC number~~, driver identification number, or bus number, as appropriate, shall be used when the driver is talking with another vehicle.
5. The driver shall keep the radio/phone on at all times s/he is in or around the bus.
6. The driver shall not attempt to repair the radio/phone; if it develops a problem, it should be taken to the bus garage for repair.
7. The radio/phone shall be protected from vandalism and theft. ~~The driver shall be responsible for securing the radio/phone when the bus is vacant.~~

RESTRICTIONS WHILE OPERATING

Bus drivers shall not use a cellular telephone of any type when transporting one (1) or more children and shall not use any communication device to text or e-mail while operating a vehicle (District-owned or otherwise) while on District business, unless the vehicle is parked or unless there is a bona fide emergency, which shall include, but not be limited to, the need to make following communications:

- Report illegal activity;
- Summon medical help;
- Summon a law enforcement or public safety agency; or
- Prevent injury to a person or property.

EXCEPTION: The above prohibition does not apply to use of an authorized two-way radio or cell phone (when a bus is not equipped with a functioning two-way radio) for dispatch purposes.

Bus Evacuation Drill Report

The standard for real drills is to completely evacuate the bus within one (1) ~~two (2)~~ minutes. Drivers shall follow the evacuation strategies specified in the *Pupil Transportation Management Manual* published by the Department of Education.

Name of School _____ Principal _____

Bus Number _____ Number of students _____ Weather Conditions _____

Date of Drill _____ Time of Drill _____ Time taken to evacuate _____

NUMBER OF STUDENTS IN EACH GRADE TAKING PART IN THE EVACUATION DRILL:

_____ Preschool	_____ Fourth-Grade	_____ Ninth-Grade
_____ Kindergarten	_____ Fifth-Grade	_____ Tenth-Grade
_____ First-Grade	_____ Sixth-Grade	_____ Eleventh-Grade
_____ Second-Grade	_____ Seventh-Grade	_____ Twelfth-Grade
_____ Third-Grade	_____ Eighth-Grade	

NUMBER OF STUDENTS USING THE FOLLOWING:

☐ Crutches _____ ☐ Wheelchairs _____ ☐ Child Safety Restraint System _____
☐ Other special needs; please specify _____

CHECK TYPE OF EVACUATION PRACTICED:

☐ front ☐ rear ☐ side ☐ front and rear ☐ front and side ☐ rear and side
☐ front, rear and side ☐ emergency window, hatches and windshield evacuation instruction

Drill was conducted by: ☐ Principal/designee ☐ Bus driver ☐ ~~Central Office designee~~

Comments: (Include any comments about safety or problems encountered during the drill.)

For each drill, the Principal/designee shall complete and keep on file this form ~~and provide a copy(ies) to the Superintendent/designee, as required.~~

Principal/Designee's Signature

Date

Signature of Bus Driver, ~~as appropriate~~

Date

~~Signature of Central Office designee, as appropriate~~

~~Date~~

Inclement Weather Plan

During periods of inclement weather and when the timing of the inclement weather permits, the Superintendent/designee and members of the Transportation staff shall evaluate weather and road conditions prior to 5:00 a.m. each school day. This evaluation shall be accomplished through on-site inspections of areas throughout the county by designated staff.

Following the evaluation, the Superintendent/designee shall determine if school is to be held or canceled. If school is to be in session, one of the following options shall be implemented:

1. Regular schedule;
2. Closing of School;
3. Delay of the beginning of the school day; or
4. Dismiss school early.

NOTIFICATION

The Director of Transportation/Central Office designee shall prepare a plan whereby all bus drivers will be notified when school is delayed or dismissed.

In the event that school is delayed or dismissed due to inclement weather or unanticipated emergencies, an announcement shall be made on the following radio and television stations:

WKRC (550 AM)	WSAI (94.1 FM)
WCKY (1530 AM)	WUBE (105.1 FM)
WLW (700 AM)	WKRQ (102 FM)
WSAI (1360 AM)	WYYS (95 FM)
WMLX (1230 AM)	WRRM (98.5 FM)
WLW (Channel 5)	
WCPO (Channel 9)	
WKRC (Channel 12)	

Immediate information can be accessed through TKR Cable Channels B-29 or A-69.

BUS RUNS

Drivers should be available for unexpected schedule changes.

When the opening of school is delayed, bus runs will reflect the delay.

SEVERE WEATHER

When a tornado or a severe weather warning is issued while drivers are performing their regular assignment drivers shall follow procedures designated in [the District Utilized Platform/Process](#) ~~05.42 AP.1.~~

Bus Scheduling and Routing**SCHEDULING AND ROUTING**

The Director of Transportation/~~Central Office~~-designee shall prepare a route ~~sheet~~map and schedule of stops for each bus in the District. Routes shall be established to insure minimal time on the bus for each pupil. Special routing of buses shall be arranged to provide appropriate transportation for special education pupils as needed.

When establishing bus stops, consideration for economy shall be limited only by requirements for safety, reasonable efficiency and convenient service to pupils. Bus stops ~~shall be marked appropriately for ease of recognition and~~ shall be located in areas which permit students optimal safety while walking to, waiting for, and unloading of the bus.

EXTENSION OF BUS ROUTES

The ~~Principal and~~ Transportation Director/~~designee~~ will survey the need for a route extension on request by interested parties.

NEW DRIVERS AND ROUTES

At least one (1) week prior to the opening of school, each new driver and each experienced driver with a new route shall receive his/her ~~route sheets~~map and schedule. The drivers shall drive their routes before school opens in order to become familiar with the route and the schedule.

TRANSPORTATION SCHEDULE

A transportation schedule will be made available to schools annually prior to the first day of school to assist school personnel in answering student and parent questions concerning bus assignments, locations of bus stops, and pick-up times for each stop.

DRIVER TO FINALIZE SCHEDULE

Each driver shall finalize his/her route schedule ~~as soon as possible~~within ten (10) driving days after school opens. This route schedule will contain ~~the names of the students riding the bus, the name of the road(s) on which the bus is routed, each stop's number, and the time of the stop, the grade of the pupil, and the school the pupil attends.~~ Drivers shall notify the Director of Transportation/~~Central Office~~-designee of any revisions to their routes.

TRANSPORTATION

06.31 AP.1

(CONTINUED)

Bus Scheduling and Routing**ROUTE TIME RECORD**

Driver/Monitor Name: _____ Date: _____

Bus #: _____

Part I What time do you depart from the location where the bus is parked? _____

Part II What time do you pick up your first student? _____

Part III What time do you let your last student off? _____

Part IV What time do you park the bus? Location: _____

Part V Total miles driven: _____

Part VI Comments: _____

Part VII Fill out Completely

A Morning Time		B Mid-day Time		C Afternoon Time		D Driving Time	E Fuel/Clean	F Total Time
Depart	Park	Depart	Park	Depart	Park		45 Minutes 0.75	
Special Needs Staff with Preschool: ONLY use this area							45 Minutes 0.75	

Driver/Monitor: I do hereby state the above information is true and correct.

Signature _____ Date _____

Part VIII FOR OFFICE USE ONLY – Driver/Monitor, DO NOT Fill In					
Morning Time	Mid-day Time	Afternoon Time	Drive Time	Fuel/Clean	Total Time
				45 Minutes 0.75	
Special Needs Staff with Preschool:					
				45 Minutes 0.75	

Eligibility for Transportation**STUDENTS WITH DISABILITIES**

The need for special transportation for students with disabilities must be determined by the ARC or Section 504 Team and stated in the student's Individual Education Plan (IEP) or Section 504 Plan.

CAREER AND TECHNICAL/POST-SECONDARY STUDENTS

High school students attending an area career and technical school, extension center, or college/university are eligible to be transported from the high school to the career and technical school, extension center, or college/university as long as the course work or program is a career pathway established by the District. District transportation services are not provided to students taking elective dual credit classes. Transportation will be provided by the District in accordance with state regulations.

DISTANCE LIMITATIONS

Three (3)- and (4)-year-old preschool children and students with disabilities are not required to meet the distance specifications in Policy 06.32 to be eligible for school transportation.

PRESCHOOL TRANSPORTATION

When the parent/guardian, or a person authorized by the parent/guardian to accept the child, is not present upon ~~midday or afternoon~~ delivery, the child shall be returned to the school upon completion of the route. The parent/guardian shall be notified of the child's location and shall be responsible for pick up.

Upon the third (3rd) time the assigned adult is not present to receive the child, the parent(s)/guardian will be requested to provide transportation for the child.

CHILDREN IN FOSTER CARE

The Superintendent will designate a Foster Care Liaison to coordinate activities relating to the District's provision of services to children placed in foster care, including transportation services, when the District is notified by the Cabinet for Health and Family Services, Department for Community Based Services ("the Department") in writing that the Department has designated its foster care point of contact for the District. The Superintendent may designate the Foster Care Liaison prior to such notice from the Department.

The District will collaborate with the Department when transportation is required to maintain children placed in foster care in a school of origin outside their usual attendance area or District when in the best interest of the student. Under the supervision of the Superintendent/designee, the District Foster Care Liaison may invite appropriate District officials, the Department point of contact, the foster parents, and officials from other districts or agencies to consider how such transportation is to be promptly arranged and funded in a cost effective manner in accordance with the Department's authority to use child welfare funding. The Department, in consultation with the District, shall make the determination on whether the child shall remain enrolled in the school of origin based on the best interest of the child, weighing the promotion of educational stability as a primary factor.

Eligibility for Transportation**CHILDREN IN FOSTER CARE (CONTINUED)**

If the Department finds it is in the best interest of a child to remain in the school of origin upon placement of the child in a new school district, reasonable transportation shall be offered from the location of placement to the school of origin in which the child is enrolled for any regularly scheduled school day. Such may result in additional transportation costs to a foster parent, child placing agency, child care facility, or the District. The District will provide transportation if necessary to maintain a child in the school of origin if the Department agrees to reimburse the District for the cost of such transportation. Transportation costs incurred shall be reimbursed by the Department on request. Alternatively, the District may agree to pay the cost of such transportation or the District and the Department may agree to share the cost.

DEFINITIONS

“Foster Care” means 24-hour care for children placed away from their parents, guardians, or person exercising custodial control or supervision and for whom the Cabinet has placement care and responsibility.

“School of origin” means the public school in which a child was enrolled immediately prior to placement in foster care.

“Best interest of the child” takes into consideration the following factors including but not limited to:

- The benefits to the child of maintaining educational stability;
- The appropriateness of the current educational setting;
- The child’s attachment and meaningful relationships with staff and peers at the current educational setting;
- The influence of the school’s climate on the child;
- The safety of the child; and
- The proximity of the placement to the school of origin, and how the length of a commute would impact the child.¹

REFERENCES:

¹KRS 199.802
KRS 605.120
922 KAR 1:350
42 U.S.C. § 675(4)(A)
20 U.S.C. § 6311(g)(1)(E)
20 U.S.C. § 6312(c)(5)
P. L. 114-95, (Every Student Succeeds Act of 2015)

School Bus Incident Report

Dear Parents/Guardian of: _____ Date: _____

The purpose of this report is to inform you of a disciplinary incident involving your 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:

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<input type="checkbox"/> Improper Boarding/Departing Procedures	<input type="checkbox"/> Failure to Remain Seated	<input type="checkbox"/> Spitting/Littering	<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"/> Unnecessary Noise	<input type="checkbox"/> Destruction of Property
<input type="checkbox"/> Fighting/Pushing/Tripping	<input type="checkbox"/> Hanging Out of Window	<input type="checkbox"/> Tampering with Bus Equipment	<input type="checkbox"/> Other Behavior Relating to Safety, Well-Being and Respect for Others
<input type="checkbox"/> Tobacco/Alternative Nicotine/Vapor Product	<input type="checkbox"/> Throwing Objects In or Out of Bus		

- | | | |
|--|---|--|
| <input type="checkbox"/> Assault/Fighting | <input type="checkbox"/> Pushing/Tripping | <input type="checkbox"/> Use of Profanity |
| <input type="checkbox"/> Open Flame | <input type="checkbox"/> Failure to Remain Seated | <input type="checkbox"/> Unnecessary Noise |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Refusing to Obey Driver | <input type="checkbox"/> Littering |
| <input type="checkbox"/> Throwing Objects | <input type="checkbox"/> Hanging Out of Window | <input type="checkbox"/> Eating/Drinking |
| <input type="checkbox"/> Bringing Articles aboard Bus that cause Injuries or are of Objectionable Nature | <input type="checkbox"/> Improper Boarding or Departing Procedures | <input type="checkbox"/> Other Behavior Relating to Safety, Well-Being and Respect for Other |
| <input type="checkbox"/> Tobacco/Alternative Nicotine/Vapor Product | <input type="checkbox"/> Rude, Discourteous and Disrespectful Conduct | |

Specific Details:
☐ Previous warnings
 ☐ Reported 1st offense
 ☐ Reported 2nd offense
 ☐ Reported 3rd offense

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<u>Student is transported to or from:</u>	<u>Student's Name:</u>	<u>Grade:</u>	<u>Date of Incident:</u>
			AM <input type="checkbox"/> PM <input type="checkbox"/> Other <input type="checkbox"/>
<u>School</u>	<u>Student's Address/Other Info:</u>	<u>Driver/Bus No. (Print)</u>	<u>Monitor (Print)</u>

TRANSPORTATION PERSONNEL SIGNATURE _____

DATE _____

School Bus Incident Report**ADMINISTRATIVE ACTION TAKEN:**

- ☐ Warning/Behavior Contract/Student Conference ☐ Bus Suspension 1-5 days
☐ Alternate Assignment/Loss of Recess/Detention/AA ☐ Bus Suspension 6-10 days
☐ School Detention ☐ Bus Suspension 1-10 with District Administrative Hearing
☐ Other _____

COMMENTS:

☐ Parent Conference Needed ☐ Referred to: Counselor SRO FRC ☐ Other _____

Administrator's Signature_____
Date**Disciplinary Action to be taken**

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

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Parent/Guardian Signature: _____

Date: _____

White- Parent/Guardian Copy Canary - Driver Copy Pink - School Copy Gold - Transportation Office

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: SB 9 AMENDS KRS 158.305 TO CHANGE TERMINOLOGY FROM RESPONSE TO INTERVENTION TO A MULTI TIERED SYSTEM OF SUPPORTS FOR ACADEMICS WITH KDE PROVIDING GUIDANCE/INFORMATION. UNTIL THEN, RESCIND THIS PROCEDURE.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.141 AP.1

At-Risk Students – Program Procedures

RESPONSE TO INTERVENTION TEAMS (RTI)

Definition: A team of school-level personnel who regularly meet to address the individual needs of students. This team meets with the purpose of being the school structure used to review cases. The RTI goal is to identify causes related to severe academic, behavioral and social/emotional issues; identify school-level interventions to address the issue; create an intervention plan and implement and follow-up on said plan.

RTI Membership: The team shall consist of a chairperson, an administrator, a guidance counselor, school psychologist, representative teachers and other appropriate support personnel. The chairperson may fulfill dual rolls.

ROLES AND RESPONSIBILITIES

Chairperson: Organize screening and referral process, setting agendas, chairing meetings, facilitating development of the intervention plan, communication to staff about plans, and initiate follow-up activity. It is critical that the RTI remains a priority in the building and that regularly scheduled meetings are not interrupted or cancelled.

Administrator: Support the RTI process by attending all meetings, by reinforcing that RTI is a school-wide shared professional responsibility and by actively monitoring the implementation of student intervention plans.

Counselor: Provide pertinent academic and non-academic data related to each case, advise on all behavioral and social/emotional issues and engage in referrals to community resources.

School Psychologist: Provide insight related to psycho-educational information related to the case and advise related to any potential Special Education referral.

Classroom Teacher: The classroom teacher is at the core of the plan. The following responsibilities are crucial:

3. Classroom-level differentiation through interventions before referral;
4. Creating and bringing documentation to the meeting;
5. Advising on all interventions;
6. Implementing the plan as written and documenting outcomes;
7. Following-up;
8. Supporting the RTI process as critical to the individual success of the student.

Others: Provide pertinent information as requested, advise, support implementation.

REFERRAL PROCESS

Student referrals shall be initiated by school administrators, classroom teachers, school counselors, school psychologists and/or parents. Referring administrators or teachers identifying the specific academic, behavioral and social/emotional issues will complete referral form. NOTE: The RTI referral process is meant to be a unified approach so that all students requiring assistance beyond what is provided through regular classroom instruction are identified.

At-Risk Students – Program Procedures**IMPLEMENTATION GUIDELINES**

6. Develop a documentation process (see District models);
7. Meet regularly, at least twice monthly;
8. Make RTI multi-dimensional, more than academic performance;
9. Keep meetings solution-based;
10. Reinforce to teachers the RTI process is a priority for teachers, administrators, and support staff;
11. Involve parents and family as a critical participant;
12. Access multiple outside resources;
13. Use RTI as part of the Special Education pre-screening process;
14. Always keep the interest of the student in the forefront of all RTI work.

Request for Reconsideration of Instructional/Library Materials

SCHOOL _____ TEACHER _____

Please indicate the format of the material (book, DVD, magazine, CD, etc.):

TITLE _____

AUTHOR _____

PUBLISHER/PRODUCER _____

SCHOOL WHERE MATERIALS ARE LOCATED: _____

ARE MATERIALS ASSIGNED BY A TEACHER? _____ TEACHER'S NAME/CLASS: _____

ARE MATERIALS AVAILABLE IN THE SCHOOL LIBRARY/MEDIA CENTER MATERIALS? _____

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Complainant's _____ Name Request _____ initiated _____ by _____

Telephone _____ Street Address _____

City _____ State _____ ZIP Code _____

Complainant represents ☐ himself ☐ herself ☐ organization, specify _____

Please answer the following questions after you have read, viewed, or listened to the school instructional/library material in its entirety.

1. Have you read, viewed, or listened to the material in its entirety? ☐ YES ☐ NO
2. Have you discussed this work with the teacher/librarian who assigned/ordered it? ☐ YES ☐ NO
3. What do you find objectionable in the material? (Please be specific, cite page(s), scenes, etc.)

4. What do you believe is the theme or purpose of this material? _____

5. What do you feel might be the result of a student's using this material? _____

6. For what age group would you recommend this material? _____

7. Are you recommending other school library material of the same subject and format as a replacement? _____

8. What action do you desire school personnel to take as a result of this written request for reconsideration? _____

If sufficient space is not provided, attach additional sheets. Please sign your name to each additional attachment.

Complainant's Signature

Date

PLEASE RETURN COMPLETED FORM TO THE SCHOOL PRINCIPAL.

STUDENTS

09.111 AP.2

Transfers and Withdrawals

STUDENT DROPOUT QUESTIONNAIRE

School: _____ Withdrawal Date: ____/____/____

Grade Level: _____

Student Name: _____

Age: _____

What is the primary reason the student is withdrawing from school? (check one)

Course Selection _____ Family Problems _____

Employment _____ Failing Classes _____

Expulsion _____ Boredom _____

Marriage _____ Pregnancy _____

Student/Teacher _____ Illness _____

Conflict _____

Was the student in an alternative setting prior to withdrawal from school? Yes No

If no, was an alternative setting available? Yes No

Had the student received individual counseling prior to this meeting? Yes No

Was the student involved in school sponsored extracurricular activities? Yes No

Does the student have an educational disability requiring an IEP? Yes No

Has the student received any remediation services in the past three years? Yes No

What is the average number of days the student was absent over the past three (3) years?

Has the student ever been suspended? Yes No

If yes, how many times? _____

Has the student ever been expelled? Yes No

If yes, how many times? _____

Is the student eligible for the free/reduced lunch program? Yes No

Does the student plan to earn a GED? Yes No

Student Signature _____ Date _____

Guidance Counselor Signature _____ Date _____

STUDENTS

09.111 AP.21

Home Schooling Notification**HOME SCHOOL LETTER OF INTENT**

_____ School Year

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

RE: Home School Letter of Intent

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

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

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

If the _____ last school attended was a public school, I (we)/s/he will ~~be withdrawn~~ my (our) child(ren) from the school by customary withdrawal procedures.

Sincerely,

Legal Parent/Guardian Signature_____
Legal Parent/Guardian SignatureList the current Kenton County School District - School of Residence for your child(ren):Elementary: _____ Middle: _____ High: _____Email Contact ~~(optional)~~: _____Phone Number ~~(optional)~~: _____

STUDENTS

09.111 AP.21
(CONTINUED)

Home School Information Sheet

School Name: _____
(Name of Home School - Please consider using the child's last name for your school's name for identification purposes)

1st Student's Name: _____
(Last/First/Middle)
Date of Birth: _____ Grade: _____
Address (Including Zip Code): _____

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

2nd Student's Name: _____
(Last/First/Middle)
Date of Birth: _____ Grade: _____
Address (Including Zip Code): _____

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

3rd Student's Name: _____
(Last/First/Middle)
Date of Birth: _____ Grade: _____
Address (Including Zip Code): _____

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

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

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

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

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

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

STUDENTS

09.12 AP.24

Homeless Children and Unaccompanied Youth
Adjusted Graduation Credit Contract

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Student Name: _____ Date of Contract: _____

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School Name: _____

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School from which Transfer Credits will Be Granted: _____

<u>Grade</u>	<u>School Year</u>	<u>School of Transfer Credits</u>	<u># Expected Credits-KCSD High School</u>	<u># Credits Expected at Previous School</u>	<u># Adjusted Credits Awarded</u>

Transfer Student's Adjusted Credits Total =

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Expected Credits = total # of credits needed for graduation divided by 4 ** 4 in the equation equals 4 years of high school

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Transfer Student's Adjusted Credits Total = Current School Expected Credits - Previous School Expected Credits

Transfer Student's Adjusted Credits Total:Adjusted Graduation Credit Total= (School Name) Grad Credits - Adjusted Credits TotalAdjusted Graduation Credit Total= _____ - _____ = _____Adjusted Graduation Credit Total= _____**Grade Level Adjustment for Transfer Students**

- Senior Status: Adjusted Graduation Credit Total: _____ credits (20 academic credits (including English I, II and III))
- Junior Status: Adjusted Graduation Credit Total: _____ credits (13 academic credits (including English I and II))
- Sophomore Status: Adjusted Graduation Credit Total: _____ credits (5 academic credits including English I)

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Adjusted Grad Credit Total- Current # of Credits= _____ - _____ = _____
Credits needed for Grade Level placement: 10th: _____ 11th: _____ 12th: _____

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STUDENTS

09.12 AP.24

(CONTINUED)

Homeless Children and Unaccompanied Youth
Adjusted Graduation Credit Contract

Has student passed civics exam? Yes No

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Student Signature Date

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Parent Signature Date

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Counselor Signature Date

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*** Transfer students are required to complete all specific courses listed for the KCSD high school the student is enrolled in for graduation.*

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Homeless Children and Unaccompanied Youth

The District shall support homeless children and unaccompanied youth by:

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

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED

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

Counselors will use the Homeless Children and Unaccompanied Youth Adjusted Graduation Contract (09.12 AP.24) to award and calculate partial credit for all coursework which has been satisfactorily completed by a homeless student or unaccompanied youth transferring into a District high school. Homeless students and unaccompanied youth will receive priority placement in classes needed toward graduation.

The McKinney-Vento (MKV) liaison and individual schools will work with homeless students, unaccompanied youth and families to ensure they are aware of opportunities and have access to extracurricular and summer programs, virtual learning opportunities, tutoring, and other extended school services to the fullest extent possible and at nominal cost.

The MKV liaison will provide on-going training and support to counselors and FRYSCs on the following topics:

- Strategies to support homeless students during transition to a new school
- Supporting homeless students to becoming college and career ready
 - Credit recovery at no cost for courses outside the normal school year or term
 - Review of individual graduation plans

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Homeless Children and Unaccompanied YouthAWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)

- b) ~~To ensure credit, including partial credit, is awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth, the District shall adopt written procedures addressing:~~
- e) ~~the tool or methodology the District shall use to calculate credit, including partial credit, to be awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth;~~
- d) ~~the consolidation of partial credit, where appropriate, to provide opportunities for credit accrual that eliminate academic and nonacademic barriers for homeless children and unaccompanied youth;~~
- e) ~~how the District shall provide students experiencing homelessness access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring and other extended school services available in the District to the fullest extent practicable and at nominal or no costs;~~
- f) ~~the ways in which the District shall lessen the impact of school transfers for homeless children and unaccompanied youth, which shall include:~~
- g) ~~identifying systems that are in place to ease the transition of students experiencing homelessness, particularly during the first two (2) weeks at a new school;~~
- 15. ~~requiring counselors to provide timely assistance and advice to improve college and career readiness for students experiencing homelessness; and~~
- 16. ~~granting priority placement in classes offered by the District that meet state minimum graduation requirements for students who change schools at least once during a school year as a result of homelessness.~~
- ~~how and in what circumstances the District shall allow a student experiencing homelessness who was previously enrolled in a course required for high school graduation to complete that course at no cost before the beginning of the next school year as required by KRS 156.160; and~~
- ~~the required review of credit accrual and the personal graduation plan for each homeless student and unaccompanied youth that is not on track to receive a high school diploma before the fifth year of high school enrollment.~~

REFERENCES:

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

RELATED POLICY:

08.113

Entrance Age

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

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

Also upon enrollment, each ~~three (3), four (4), five (5), or six (6) year-old~~ student entering the first year of public school, public pre-school or Head Start must undergo a vision examination as required by applicable statute and regulation and provide the school with either the required form or electronic medical record by January 1 of the first year of enrollment. Evidence of a dental screening or examination shall be required to be submitted on the required form or electronic medical record by January 1 of the first year that a five-(5) and six-(6) year-old student is enrolled ~~in kindergarten~~ in the District.

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

PRINCIPALS TO REPORT

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

~~FAILURE TO PROVIDE~~

~~Except for vision examination records and dental examination records as noted above, which are due by January 1 of the first year of enrollment, the remaining required documentation is due within two (2) weeks of student's enrollment in school.~~

RELATED PROCEDURE:

09.12 AP.1

STUDENTS

09.121 AP.21

Consent to Screen for Early Entrance Admission to School

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR KINDERGARTEN

I give permission for an individual screening of my child

I understand that the screening will be conducted by qualified District staff ~~and prior setting~~ through the use of developmentally appropriate research-based screeners, observation, and parent input. The assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Screenings shall be administered in the child's native language or other mode of communication.

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature_____
Date**FOR OFFICE USE ONLY**

Common Kindergarten Screener	Parent	Prior
Self Help	_____	_____
Social Emotional	_____	_____
Academic/Cognitive	_____	
Language Development	_____	
Physical Development	_____	
Composite (Academic/Cognitive, Language & Physical Development)	_____	

Early Entrance Recommendation to District Committee:

☐ Recommended for Early Entrance☐ Not Recommended for Early Entrance

Comments: _____

Signature/Date: _____

FOR DISTRICT REVIEW:

Application is APPROVED for Early Entrance

District Signature_____
Date of Review

Application is DENIED for Early Entrance

Reasons for Denial: _____

District Signature_____
Date of Review

STUDENTS

09.121 AP.21

(CONTINUED)

Consent to Screen for Early Entrance Admission to School

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR FIRST GRADE

I give permission for an individual screening of my child.

I understand that the screening will be conducted by qualified District staff through the use of developmentally appropriate research-based screeners, work sampling, and parent input. The assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. Screenings shall be administered in the child's native language or other mode of communication.

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature

Date

FOR OFFICE USE ONLY

Early Literacy Skills Screener

First Sound Fluency _____

☐ At or Above Benchmark ☐ Below Benchmark ☐ Well Below Benchmark

Letter Naming _____

☐ At or Above Benchmark ☐ Below Benchmark ☐ Well Below Benchmark

Phoneme Segmentation _____

☐ At or Above Benchmark ☐ Below Benchmark ☐ Well Below Benchmark

Nonsense Word _____ WWR _____

☐ At or Above Benchmark ☐ Below Benchmark ☐ Well Below Benchmark

Early Entrance Recommendation to District Committee:

☐ Recommended for Early Entrance

☐ Not Recommended for Early Entrance

Comments: _____

Signature/Date: _____

FOR DISTRICT REVIEW:

Application is APPROVED for Early Entrance

District Signature

Date of Review

Application is DENIED for Early Entrance

Reasons for Denial: _____

District Signature

Date of Review

STUDENTS

09.1221 AP.21

Request for 504 Shortened School Day

SCHOOL YEAR _____

This form shall be kept on file in the District for auditing purposes.

Requesting Party: _____ Phone Number: _____

Submitted to Principal: _____ On this Date: _____

STUDENT DATA:

Name: _____ Age: _____ Disability: _____

School: _____

SECTION 504 CHAIRPERSON/SUPERINTENDENT'S DESIGNEE:

Name: _____ Other Job Title(s): _____

PERSON(S) TO MONITOR PLAN:

Name: _____ Title: _____

LENGTH OF SCHOOL DAY

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

BEGINNING TIME: _____ ENDING TIME: _____

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

BEGINNING TIME: _____ ENDING TIME: _____

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

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

☐ Yes ☐ No If yes, please describe circumstances:

STUDENTS _____

09.1221 AP.21

(CONTINUED)

Request for 504 Shortened School Day

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

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

☐ Yes ☐ No

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

- Is there a signed physician statement? ☐ Yes ☐ No

IMPORTANT

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

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

Board Approved Request: ☐ Yes ☐ No Date: _____

**Denial of Permission to Release Student Contact Information to Armed
Forces Recruiters**

Dear Parent/Eligible Student,

Federal laws require school districts to provide a student's name, address, and phone number (if listed) to recruiting representatives of the U.S. Armed Forces and its service academies, the Kentucky Air National Guard, and the Kentucky Army National Guard, and institutions of higher education if requested.

To request that your school not release this information to Armed Forces recruiters and institutions of higher education, please fill out this form and return it to your school principal or counselor's office. The school must then delete your information from any directory provided to recruiters. (You should retain a copy for your own records.)

FOR STUDENTS WHO HAVE REACHED AGE 18:

I wish to request that my contact information (name, address, and phone number) not be released to Armed Forces recruiters and institutions of higher education. I understand that this withholding of information will be in effect for my entire high school career, and that I can revoke this option at any time by notifying my school and/or school district in writing of my decision. This is not to be taken as a request to withhold my information from school publications or from scholarship agencies, prospective employers or any other entity.

Print Student's Name: _____

Student's (who has reached age 18) Signature: _____

Date: ____/____/____

FOR PARENTS/LEGAL GUARDIANS:

I wish to request that my son or daughter's contact information (name, address, phone number) not be released to Armed Forces recruiters and institutions of higher education. I understand that this withholding of information will be in effect for his/her entire high school career, and that I can revoke this option at any time by notifying the school and/or school district in writing of my decision. This is not to be taken as a request to withhold information from school publications or from scholarship agencies, prospective employers or any other entity.

Print Parent/ Guardian's Name: _____

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

STUDENTS

09.14 AP.23

Request for Student Records

I, _____, request and authorize the release of school records for _____ to the Kenton County Board of Education from _____ School.

Former School's Phone Number: _____

Former School's FAX Number: _____

Student's Date of Birth _____ and/or Social Security Number _____

I certify that I am the parent, legal guardian, or have educational guardianship of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.

Parent/Guardian's or Student's Signature

Date

The following records are requested:

- | | |
|---|---|
| <input type="checkbox"/> Date of Withdrawal | <input type="checkbox"/> Individual <u>Learning</u> Graduation Plan <u>(6-12)</u> |
| <input type="checkbox"/> Withdrawal Grades | <input type="checkbox"/> Social Security Card |
| <input type="checkbox"/> Official Transcript | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> <u>Assessment</u> Test Data | <input type="checkbox"/> Health Records (Immunizations /Physical) |
| <input type="checkbox"/> <u>Attendance Records</u> English Portfolio | <input type="checkbox"/> Discipline (including suspension & expulsion) |
| <input type="checkbox"/> Special Education Records (IEP) | <input type="checkbox"/> Other |

These records should be sent to the following address:

(Present School)

(Address)

(City, State, ZIP)

Principal/Designee's Signature

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

Health Requirements and Services

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

SCREENING TESTS

Physical screenings of students shall be conducted as follows:

GROWTH & DEVELOPMENT	PROVIDED BY
Preschool or First Year Primary	Health Provider or
First-year primary	County Health Department
Grade 6	
VISION	PROVIDED BY
Preschool	Local optometrist
First-year primary	School Nurse
Third year primary	
Grade 5	
HEARING	PROVIDED BY
Preschool	Speech Therapist
First-year primary	
Second-year primary	
Third year primary	
Fourth-year primary	
Grade 5	
Grade 6	
Grade 7	
Grade 8	

ABNORMALITIES REPORTED

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

HEALTH SERVICES REFERENCE GUIDE

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

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

HEALTH RECORDS

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

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STUDENTS

09.21 AP.2
(CONTINUED)

Health Requirements and Services

RELATED POLICIES:

03.14, 03.24

09.21, 09.211, 09.22, 09.224, 09.2241

RELATED PROCEDURES:

09.224 and 09.2241 procedures

Enrollment/Emergency Information Form

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

School: _____ Grade: _____

STUDENT INFORMATION

Legal Name of Student (First, M. Last) _____
 Gender of Student: _____ Date of Birth: _____
☐ Check for 1st time enrollment in a Kentucky School Student Nickname: _____
 Birth Place: (Birth Certificate or other reliable proof of birth required by KRS 158.032): _____
 Ethnicity (must choose one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino
 (choose all that apply) ☐ White ☐ Black/African American ☐ Asian
☐ American Indian/Native Alaskan
☐ Native Hawaiian/Other Pacific Islander

Household Phone No. _____
 Household Address _____ City _____ Zip _____
 Household Mailing Address (if different) _____ City/Zip _____
 Has your child ever been enrolled in a Ky. School? ☐ Yes ☐ No If "yes", please name the last school attended and its address. _____
 Social Security Number (Optional): _____
 To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students' social security card MUST be on file.

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

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

ALL SCHOOL-AGED SIBLINGS LIVING IN SAME HOUSEHOLD AS STUDENT, REGARDLESS OF AGE

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

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

Legal Name: _____	Suffix: _____	Legal Name: _____	Suffix: _____
Relationship to Student: _____	<input type="checkbox"/> Foster	Relationship to Student: _____	<input type="checkbox"/> Foster
Does this parent/guardian have joint custody? _____		Does this parent/guardian have joint custody? _____	
Address: _____		Address: _____	
City: _____	State: _____	City: _____	State: _____
Phone: Home () _____	Work () _____	Phone: Home () _____	Work () _____
Cell Phone: () _____	email: _____	Cell Phone: () _____	email: _____
Place of Employment: _____		Place of Employment: _____	
Is there a court order restricting this person's access to this student? <input type="checkbox"/> No <input type="checkbox"/> Yes (a copy of the court order MUST be provided)		Is there a court order restricting this person's access to this student? <input type="checkbox"/> No <input type="checkbox"/> Yes (a copy of the court order MUST be provided)	

Enrollment/Emergency Information Form**TRANSPORTATION**

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

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

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

MEDICAL/PHYSICIAN INFORMATION

Doctor: _____ Dentist: _____

Do you have health insurance? ☐ Yes ☐ No

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

MIDDLE/HIGH SCHOOL ONLY

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

SPECIAL SERVICES

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

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

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

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

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

STUDENTS

09.224 AP.21
(CONTINUED)

Enrollment/Emergency Information Form

Has your child ever been previously expelled from school? ☒ Yes ☐ No

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

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

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

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

Parent/Guardian Signature: _____ Date: _____

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

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

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

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STUDENTS

09.224 AP.21
(CONTINUED)

Home Language Survey

KENTON COUNTY SCHOOL DISTRICT

Dear Parent/Guardian:

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

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

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

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

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

STUDENT INFORMATION (REQUIRED):

Name: _____

Grade: _____

STUDENT LANGUAGE BACKGROUND (REQUIRED):

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

LANGUAGE FOR SCHOOL COMMUNICATION (NOT REQUIRED):

In which language would you prefer to receive all school information? _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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

FOR SCHOOL USE ONLY

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

Name: _____

Date: _____

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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 (injectable epinephrine device), seizures (FDA approved for rescue or symptoms) or diabetes (Glucagon) on his/her person for immediate use in a life-threatening situation with a written physician's order, parent request, school nurse and Principal approvals. We accept the parent request and physician statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or there is a safety risk. We will contact the parent as soon as possible in this event.

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

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

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

To be completed by Physician or Authorized provider			
1. Medication: _____	Dosage: _____	Directions: _____	
Administration Time: Lunch _____ or _____	Route: _____	Diagnosis/Condition: _____	
Possible Side Effects: _____	Duration: Start _____ Stop _____		
**In the case of an inhaler, injectable epinephrine device, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes _____			
2. Medication: _____	Dosage: _____	Directions: _____	
Administration Time: Lunch _____ or _____	Route: _____	Diagnosis/Condition: _____	
Possible Side Effects: _____	Duration: Start _____ Stop _____		
**In the case of an inhaler, injectable epinephrine device, FDA approved seizure symptom/rescue medication or Glucagon, student has received training to carry the inhaler or emergency medication and, in my opinion, may _____ CARRY and/or _____ SELF ADMINISTER this medication. (Physician's Initial) Yes _____			
3. Medication: _____	Dosage: _____	Directions: _____	
Administration Time: Lunch _____ or _____	Route: _____	Diagnosis/Condition: _____	
Possible Side Effects: _____	Duration: Start _____ Stop _____		
**In the case of an inhaler, injectable epinephrine device, 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 shared with another student or 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.

Fundraising Project Summary and Funding Agreement

REVENUE AMOUNT PER SPONSOR PER YEAR	% OF REVENUE TO KCS	% OF REVENUE TO SIDE EFFECTS
Any amount up to \$100	50%	50%
\$101 - \$1000	55%	45%
\$1001 - \$10,000	60%	40%
\$10,001 - \$50,000	70%	30%
\$50,001 - \$100,000	90%	10%
\$100,001 and up	95%	5%

<u>Date:</u>	
<u>School:</u>	
<u>Department/Sport/Club:</u>	
<u>Scope of Project:</u>	
<u>Anticipated Completion Date for Secured Advertising:</u> (date that all advertisers will be secured and funding in place for project)	
<u>Anticipated Completion Date for Project:</u> (date the project shall be received / completed at the school)	
<u>Project Budget:</u>	
<u>Total Number of Sponsors:</u> _____ <u>Annual Total Per Sponsor/Yr: \$</u> _____	
<u>Service Agreement(s):</u> (if applicable)	
<u>Cost of Service Agreement(s):</u> (if applicable)	
<u>Percentage of Funding Dollars to go to school for project:</u> _____	
<u>Percentage of Funding Dollars to go to</u> _____	
<u>Length of term:</u> _____ <u>months for Individual Advertising Agreement(s)</u>	
<u>Warranty(s) to be transferred to KCS:</u> (if applicable)	

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All Kenton County School District Policies and Procedures are to be strictly adhered to under the Terms and Conditions of this contract.

Company Designee _____ Date _____

Kenton County School Board Designee _____ Date _____

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STUDENTS

**Booster/External Support Group Application Fundraising Project Summary
and Funding Agreement**

SCHOOL YEAR: _____ SCHOOL: _____

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NAME OF BOOSTER/EXTERNAL SUPPORT GROUP: _____

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APPLIED FOR BY: _____

The following documents are required and must be attached prior to the Board reviewing application:

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Written By-Laws _____ Copy of Treasurers Bond (required if annual budget exceeds \$19,999)

Annual Budget _____ List of Officers

Signed Agreement _____ Affidavit signed by all Officers (See Below)

Proof of Liability Coverage (\$2,000,000 Gen Liability per aggregate, \$1,000,000 Gen Liability per occurrence; \$5,000 med expense coverage per person, KCBE as additional insured)

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Left + Not at 1.31"

NAME OF BANK _____ AND ACCOUNT #: _____

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FEDERAL EMPLOYER IDENTIFICATION (FEIN #): _____

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STATE SALES TAX EXEMPT # _____ (MUST BE DIFFERENT FOR SCHOOL/DISTRICT #)

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CHARITABLE GAMING LICENSE: Y/N _____

By signing below, each officer acknowledges that they have read and agree to follow the Booster/External Support Agreement and Accounting Procedures for Kentucky School Activity Funds, "Redbook".

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President _____ Vice-President _____

Bookkeeper _____ Secretary _____

Treasurer _____ (KCSO employees ineligible to serve)

Principal _____

Superintendent/Designee _____ Board Meeting Date _____

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Booster/External Support Group Application**Formatted:** policytitle, Left, Widow/Orphan control

This agreement is entered into by and between the Kenton County Board of Education (hereafter referred to as "Board") and an entity known as _____ (hereafter referred to as the "Booster Club"). Through this Agreement, the parties intend to set forth the Terms and Conditions under which the Booster Club may operate and associate with students, teachers, coaches and school administrators at _____.

Formatted: Justified, Indent: Left: 0", Right: 0", Space Before: 6 pt, After: 12 pt**TERMS AND CONDITIONS****Formatted:** Font: 12 pt

1. The Booster Club acknowledges that the Board is responsible for the promotion of education and the general health and welfare of all students attending the Kenton County School District. In addition, the Booster Club acknowledges that the Board has control and management of all school funds and all public school property in its district and may use its funds and property to promote public education (KRS 160.290). The Board and Booster Club acknowledge that the purpose of Booster Clubs is to assist and support but not to direct, interfere with, nor supplant the staff, existing activities, or athletic programs.
2. The Booster Club acknowledges that its activities may affect compliance with Title IX of the Educational Amendments of 1972 (Title 20, U.S.C. 1681-1687, et seq.) by _____ School and the Board. Likewise, the Booster Club acknowledges that, as a condition of membership in the Kentucky High School Athletic Association, representatives of _____ School and the Board must verify that the school complies with Title IX (702 KAR 007:065, Section 2[13]). Accordingly, the Booster Club agrees to provide all information requested by School, the Board, or the Kentucky High School Athletic Association for purposes of determining Title IX compliance. The Booster Club further agrees to refrain from engaging in any activity which in the opinion of the Principal, Athletic Director or the Superintendent/Designee of the Kenton County School District, adversely affect the school's or the Board's ability to comply with Title IX.
3. The Booster Club shall, on or before July 1 submit a request to be recognized by the Board to the school Principal for the upcoming fiscal year. This request shall include By- Laws, list of officers, the Federal Employer Identification Number (FEIN), statement of objectives, and designated representatives for purposes of communicating with and providing true and accurate information to the Board and school Principal. If a Booster Club is formed after July 1, the above information will be furnished within 15 days of the execution of this agreement.
4. Upon request of the Principal or Athletic Director, or upon request of the Superintendent/Designee of the Kenton County School District, the Booster Club shall make available a full and complete list of its members.

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Booster/External Support Group Application

5. In addition to complying with requirements of Title 702 of the Kentucky Administration Regulations, Chapter 3:130 (internal accounting), and all other relevant statutes and regulations, the Booster Club shall, upon request of the Principal or Athletic Director of _____, or upon request of the Superintendent/designee of _____, provide a full and complete accounting of all moneys raised, as well as a full and complete accounting of all moneys expended and provide an annual financial report to the Principal no later than July 25 for the end of June 30. In addition, if requested to do so, the Booster Club shall also provide audited financial records concerning its activities.
6. Requests for fund-raising activities shall be directed in writing to the school Principal for approval with the first 30 days of school. These requests should be planned and approved by Booster Club as reflected in the booster minutes submitted with the requests. Additional requests during the year must be submitted to the school Principal for approval a minimum of 30 days prior to the fund-raising activity. No solicitation of funds or requests for donations shall be conducted by a Booster Club without approval of school Principal. All receipts, and invoices related to the approved fund-raising activities must be made available upon request for review by the school Principal and/or Superintendent/designee. A fund-raising report must be made available to the school Principal at the close of each activity.
7. The Principal and Athletic Director of _____ and the Superintendent/designee of the Kenton County School District expressly reserve the right to reject any fund-raising activity for any reason. The Booster Club agrees that it shall not engage in any fund-raising activity which has not been approved or which has been rejected by the Principal, Athletic Director, and Superintendent/designee. Participation in booster activities by parents/guardians/relatives of student/athletes is not required for participation in Kenton County School District activities. No special considerations or restrictions can/will be placed on student/athletes related to booster groups.
8. A Booster Club organization using external accounts shall not use the state exempt or federal identification number of the school or district but shall obtain a state tax exempt or federal identification number specifically and only for use of the booster organization.
9. The Kenton County Board of Education does not assume any financial responsibility for a Booster Club.
10. By executing the document through its designated representative, all members, officers, and representatives of the Booster Club agree to abide by the terms and conditions set forth below as well as those additional terms and conditions which may be required by the Board. The designated representative of the Booster Club represents and agrees that h/she will provide a copy of this agreement to all members of the Booster Club.

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STUDENTS

09.33 AP.2

(CONTINUED)

Booster/External Support Group Application

I hereby acknowledge that I am a representative of the _____
Booster Club and that I am authorized to act on its behalf. I further agree that this Booster Club
and its members shall abide by the Terms and Conditions set forth above. I further agree to
immediately report to the Principal and Athletic Director of
_____ any violation or breach of this agreement. I understand
that failure to comply with this agreement can result in the termination of the Board's approval for
sanction of the Booster Club and that it will no longer be permitted to participate in fund-raising
activities or purchases.

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BY: _____ TITLE: _____
(Name of Booster Club)

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STATE OF KENTUCKY COUNTY OF _____.

Subscribed and sworn to before me on this the _____ day of _____, 20_____.

By _____
(Notary Public)

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My commission expires: _____.

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STUDENTS

09.33 AP.2

(CONTINUED)

Booster/External Support Group Application

REVENUE AMOUNT PER SPONSOR PER YEAR	% OF REVENUE TO KCS	% OF REVENUE TO SIDE EFFECTS
Any amount up to \$100	50%	50%
\$101-\$1000	55%	45%
\$1001-\$10,000	60%	40%
\$10,001-\$50,000	70%	30%
\$50,001-\$100,000	90%	10%
\$100,001 and up	98%	2%

Date:
School:
Department/Sport/Club:
Scope of Project:
Anticipated Completion Date for Secured Advertising: (date that all advertisers will be secured and funding in place for project)
Anticipated Completion Date for Project: (date the project shall be received / completed at the school)
Project Budget:
Total Number of Sponsors: _____ Annual Total Per Sponsor/Yr: \$ _____
Service Agreement(s): (if applicable)
Cost of Service Agreement(s): (if applicable)
Percentage of Funding Dollars to go to school for project: _____
Percentage of Funding Dollars to go to _____
Length of term: _____ months for Individual Advertising Agreement(s)
Warranty(s) to be transferred to KCS: (if applicable)

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All Kenton County School District Policies and Procedures are to be strictly adhered to under the Terms and Conditions of this contract.

Company Designee _____ Date _____

Kenton County School Board Designee _____ Date _____

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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: _____
 Destination Venue, Location and State: _____
 Trip Location Contact Person: _____ Phone Number: _____
 # Teachers: _____ # Students: _____ # Chaperones: _____ Adult/Student Ratio: _____

Date(s) & Times Departure Date: _____ Time: _____ AM/PM Return Date: _____ Time: _____ AM/PM		Cost Total Cost: \$ _____ Funding Source: _____ Fee to be assessed to students: \$ _____ <i>Attach Student Activity Cost Form 09.15 AP.2</i>	Transportation <input type="checkbox"/> District Bus/ <u>Van</u> <input type="checkbox"/> Charter Bus: Approved Bid – Company Name <input type="checkbox"/> Other: <i>Attach a copy of Charter Bus Contract.</i>
Meals	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: _____ Name & Location: _____	
Over Night	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)**

- _____ 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): _____

Teacher/Sponsor/Coach Signature: _____ Date: _____

STUDENTS

09.36 AP.2

(CONTINUED)

School-Related Student Trip Request Form

APPROVAL SIGNATURES REQUIRED

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

Principal: _____ Date: _____

☐ Required for all trips

Superintendent/Designee: _____ Date: _____

☐ Overnight Trips

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.

UPON APPROVAL, THIS FORM WILL BE RETURNED FOR FINAL PREPARATIONS

- ☐ 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

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

STUDENTS

09.36 AP.2

(CONTINUED)

School-Related Student Trip Parent Permission Form

Student: _____ Trip Destination/Location: _____

School: _____ Class/Activity/Team: _____

Times		Cost		Transportation
Departure Date: _____		Student Fee: \$ _____		District Bus/Van <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 and location of each stop)		Name & Location: _____ Name & Location: _____	
Over Night	Date: _____	Lodging: _____		
	Date: _____	Lodging: _____		

Teacher/Sponsor/Coach Signature _____

Principal Signature _____

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 Conduct and Expected Behavior.

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: _____

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.

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

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

_____)

STUDENTS

09.36 AP.2
(CONTINUED)

School-Related Student Trip Parent Permission Form

STUDENT TIPS:

- 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/[vans](#)
- ~~Follow six pillars of expected behavior on buses~~

CHAPERONE TIPS:

- 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/[vans](#)
- 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/[van](#) 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

STUDENTS

School-Related Student Trips Use and Rental of School Buses/Vans

The following guidelines are for persons requesting the use or rental of District buses/[vans](#).

1. Any school or organization requesting the use of a District bus/[van](#) 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/[vans](#) 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. 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.
6. The school/organization sponsoring the activity is responsible for paying all tolls and/or parking fees.
7. The school/organization shall pay bus/[van](#) rental charges which are established annually by the Board and posted on the District [website](#).
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.

STUDENTS

09.36 AP.212

(CONTINUED)

School-Related Student Trips Transportation Request Form

Transportation Department Madison Pk. Independence, KY 41051 859-356-0253	School: _____ Teacher/sponsor _____ Date of Student Trip _____ Grade: _ # of Students: _ # of Adults _ # of Buses/ <u>Vans</u> _____
Destination _____	
What time should bus/ <u>van</u> arrive at school? _____ A.M. P.M.	
What time will bus/ <u>van</u> leave from school? _____ A.M. P.M.	
What time will bus/ <u>van</u> return to school? _____ A.M. P.M.	
Do you have students with special transportation needs? _____	
Comments (include all directions): _____	
Signature of teacher/sponsor: _____	
Approval:	
Signature of Principal _____ Date _____	

TO REQUEST A BUS/VAN

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/van for their student trip. If needed, call the Transportation Department directly to request a bus/van 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/vans 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. District-owned vans may only be used when transporting nine (9) or fewer passengers, including the driver.
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.

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

STUDENTS

09.36 AP.212

(CONTINUED)

School-Related Student Trips Transportation Consent Form

Students are provided a broad range of activities at all grade levels in the District. This may place constraints on the ability of the District to provide transportation for all activities at all times. There are events/activities that may require or allow alternative methods of transportation for students. Annually, this form shall be handed out, completed and returned to the teacher/sponsor/coach to be placed on file in the school.

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: _____

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.

Prohibited Substances – Violation Referral Form

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

VIOLATION(S) (i.e., offense, date, and time)

☐ Chemical evaluated ☐ Chemical not evaluated

ACTION TAKEN

☐ Family contacted _____ Date _____

☐ Student Assistance Counselor contacted _____ Date _____

☐ Law enforcement contacted _____ Date _____

☐ Detention (days) _____ ☐ before school ☐ after school ☐ Saturdays

☐ Suspension (days) _____ ☐ in school ☐ out of school ☐ student activities

☐ Expulsion _____ Term of expulsion _____

☐ Placement in alternate setting _____ Date _____

☐ Parent Conference _____ Date _____ Outcome _____

☐ Other, specify _____

RECOMMENDATIONS

☐ Counseling ☐ in school ☐ out of school

☐ Referral of student/family to Family Resource/Youth Service Center

☐ Referral to outside agency _____ Name of Agency _____

☐ Other, explain _____

Student's Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Superintendent/designee _____ Date _____

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

Record of Removal

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

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

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CAUSE(S) FOR REMOVAL

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

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

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

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

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

Name _____ *Note if student/employee/other (specify)*

Name _____ *Note if student/employee/other (specify)*

Employee's Signature _____ *Date*

Disrupting the Educational Process

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

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

Threat Assessment Team Procedures

The following procedures should be used by the school ~~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:

- ~~7. 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.~~
- ~~8. 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.~~
- ~~9. 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.~~
- ~~10. 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 ~~staff~~team member receiving information indicating a potential threat to school safety and school security shall notify the school Principal.
- ~~2. The District SSC;~~
- ~~3. The rest of the team; and~~
- ~~4. The team for any additional schools of the District potentially involved in the identified threat.~~
2. The school Principal shall notify the District office~~The District SSC shall appropriately notify any other District SSC for other school Districts identified in the threat or during the threat assessment process, as well as the leader of any non-public school identified in a threat or during the threat assessment process.~~

Threat Assessment Team Procedures**IDENTIFICATION OF A POTENTIAL THREAT (CONTINUED)**

3. Once a threat is reported, school administration shall investigate immediately. The Code of Conduct and Expected Behavior shall be followed in situations where school discipline is warranted.

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4. If a threat to student safety is identified, steps shall be taken to mitigate the threat.

Once a potential threat has been investigated and mitigated by school administration, an initial threat assessment screener shall be completed within twenty-four (24) hours of the threat. If the screener determines a full threat assessment should be conducted:

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1. Administrator assigns tasks to the members of the threat assessment team.

2. Administrator sets a meeting, within five (5) school days, to convene the threat assessment team. At this meeting, the team shall review all information collected, assess the level of the threat, and develop a case management plan for students who are identified as moderate/high/imminent risk.

3. Threat assessments shall be reviewed monthly by the threat assessment team and case management plans adjusted as needed during this monthly meeting.

4. All documentation, including the case management plan and follow up, shall be housed in the threat assessment system.

CREDIBLE THREATS BY STUDENTS

A student who makes a credible threat shall be required to have a safety assessment prior to returning to school. When requested, this assessment shall be completed by a qualified, licensed mental health provider. The student shall not be allowed to return to school until information requested by the school is provided to administration. The school shall support the family with setting up an appointment for the assessment if help is needed. School administration shall notify the District office when a threat is credible and a safety assessment is required.

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A student who makes a credible threat shall have a case management plan which outlines safety measures and supports for the student. This plan shall be reviewed monthly by the threat assessment team. A student who makes a credible threat shall be required to have a re-entry meeting upon return to school and a safety plan.

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ASSESSMENT OF A POTENTIAL THREAT

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

17. In accordance with Board policy;

18. Informed by guidelines and applicable forms as described above; and

19. Giving consideration to applicable circumstances regarding the identified student and the behaviors giving rise to his/her identification.

STUDENTS

09.429 AP.1
(CONTINUED)

Threat Assessment Team Procedures

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.

Draft to Include with Update 4/1/2022

STUDENTS

09.43 AP.21

Behavior Referral Forms
ELEMENTARY BEHAVIOR REFERRAL

Student	Teacher
Grade	Date Sent to Office
Location	
Notice to Parents: 1. The purpose of this report is to inform you of a disciplinary incident involving the student. 2. You are urged to both support the action taken by the teacher and to cooperate with the corrective action initiated today.	
Minor Incidents (3 Classroom Referrals = Office)	Major Incidents (Office Immediately)
<input type="checkbox"/> Electronic/Telecommunications Device Cell phones and/or other electronic media <input type="checkbox"/> Dishonest <input type="checkbox"/> Disruptive Behavior disorderly conduct Failure to keep hands & feet to self Inappropriate cafeteria/hall/recess/restroom conduct Talking in class Throwing objects <input type="checkbox"/> Failure to bring appropriate materials to class <input type="checkbox"/> Failure to keep hands & feet to self <input type="checkbox"/> Inappropriate cafeteria/hall/recess/restroom conduct <input type="checkbox"/> Incomplete assignments <input type="checkbox"/> Insubordination Refusal to comply Failure to bring appropriate materials to class Incomplete assignments Defiance of authority <input type="checkbox"/> Talking in class <input type="checkbox"/> Throwing objects	<input type="checkbox"/> Bullying <input type="checkbox"/> Academic Cheating/Plagiarism <input type="checkbox"/> Threatening Student/Staff Defiance of Authority <input type="checkbox"/> Destruction of Property disorderly conduct <input type="checkbox"/> Forgery <input type="checkbox"/> Harassment/Threatening <input type="checkbox"/> Inappropriate material <input type="checkbox"/> Weapon Possession <input type="checkbox"/> Possession of a dangerous instrument/look-a-like weapon other major incidents <input type="checkbox"/> Profanity/Vulgarity/Inappropriate gestures <input type="checkbox"/> Stealing/Theft/Burglary Stolen property <input type="checkbox"/> Fighting (Willful misconduct) (fighting) <input type="checkbox"/> Other: _____
TEACHER ACTION PRIOR TO REFERRAL BEHAVIOR PROCESS (Teacher complete) (Check all that apply) <input type="checkbox"/> *Verbal Correction/Redirection <input type="checkbox"/> Behavior contract <input type="checkbox"/> Withdrawal of privileges and/or rewards <input type="checkbox"/> Special Seating Assignment <input type="checkbox"/> *Special assignment or duties <input type="checkbox"/> Confiscation of disruptive item <input type="checkbox"/> Referral to guidance counselor <input type="checkbox"/> *Phone call home ____/____/____ <input type="checkbox"/> Held eConference with student and/or parent <input type="checkbox"/> MTSS Referral to student assistance team <input type="checkbox"/> *Re-teaching of behavior expectations <input type="checkbox"/> Other: _____ *Required prior to office referral.	
INCIDENTS	ACTION LOCATION DATE/TIME
1.	
2.	
3.	
Description of major incident:	
ADMINISTRATIVE ACTION TAKEN <input type="checkbox"/> Warning/student conference <input type="checkbox"/> Behavior contract <input type="checkbox"/> Loss of privilege(s) <input type="checkbox"/> Alternative Assignment (AA) <input type="checkbox"/> Detention <input type="checkbox"/> Out-of-school suspension Start date: ____/____/____ End date: ____/____/____	
COMMENTS:	
Administrator's Signature _____ Date _____ <input type="checkbox"/> Sign and return if checked <input type="checkbox"/> Parent conference needed <input type="checkbox"/> Case referred to: <input type="checkbox"/> Counselor <input type="checkbox"/> SRO <input type="checkbox"/> FRC	
Parent/Guardian's Signature _____ Date _____	

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WHITE PARENT'S COPY CANARY TEACHER'S COPY PINK OFFICE COPY
Original to Parent, One (1) Copy to Office, One (1) Copy to Teacher

Behavior Referral Forms**Middle School Discipline Referral Form**

Student's Name _____ Today's Date ____/____/____ Time _____
 Referring Teacher _____ Location _____

Classroom-level Infraction	Administrative-level Infraction (Please address at the administrative level)
<input type="checkbox"/> Skipping class <input type="checkbox"/> Tardiness to class <input type="checkbox"/> Bullying <input type="checkbox"/> Academic Cheating/ Plagiarism <input type="checkbox"/> Dishonesty <input type="checkbox"/> Cell Phone/Personal Device Policy <input type="checkbox"/> Violation Technology-related <input type="checkbox"/> Insubordination Defiance of Authority <input type="checkbox"/> Disruptive behavior <input type="checkbox"/> Dress code <input type="checkbox"/> Profanity/vulgarity <input type="checkbox"/> Public display of affection <input type="checkbox"/> Destruction of Damage to property <input type="checkbox"/> Other _____	<input type="checkbox"/> Attendance Policy Violation (excessive tardies, excessive skipping of class/school, truancy, etc.) <input type="checkbox"/> Bullying <input type="checkbox"/> Insubordination Defiance of Authority <input type="checkbox"/> Destruction of Property Disorderly Conduct <input type="checkbox"/> Disruptive Behavior Disorderly Conduct <input type="checkbox"/> Drugs/Alcohol/Tobacco <input type="checkbox"/> Drugs/Alcohol/Tobacco Paraphernalia <input type="checkbox"/> Failure to Comply with Discipline <input type="checkbox"/> Forgery <input type="checkbox"/> Harassment <input type="checkbox"/> Violation of Acceptable Use Policy (AUP) <input type="checkbox"/> Possession of Dangerous Instrument/ Look-a-like Weapon <input type="checkbox"/> Inappropriate Materials <input type="checkbox"/> Other _____

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Details: _____

Classroom-level Teacher Action Prior to Referral	Consequences (check all that apply)	For this infraction, a parent/guardian was contacted by: (check one)
<input type="checkbox"/> Conference w/student <input type="checkbox"/> Written assignment <input type="checkbox"/> Change of seat <input type="checkbox"/> Withdrawal of privileges <input type="checkbox"/> MTSS Referral	<input type="checkbox"/> Demerit(s)/violation given <input type="checkbox"/> Grade of zero for cheating <input type="checkbox"/> Teacher detention <input type="checkbox"/> Temporary confiscation of item <input type="checkbox"/> Hall Contract <input type="checkbox"/> Team AA/ICE <input type="checkbox"/> Clean-up duty <input type="checkbox"/> Other _____	<input type="checkbox"/> Phone <input type="checkbox"/> E-MAIL <input type="checkbox"/> In person Spoke directly to parent or got a response <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____

Teacher Signature _____

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Do not write below this line – For a Administrative Action purposes only

☐ ~~Warning/Conference with Student~~ Date: _____
☐ Suspension Date(s): _____
☐ ~~Referral to C. O.~~ Date: _____
☐ ~~Police Report Filed~~ Date: _____
☐ Detention Date: _____ Time: _____
☐ Fri. School Date: _____ Time: _____
☐ ICE Date(s): _____
☐ Other: _____

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Administrator notes: _____

Parent's Signature: _____ Student's Signature: _____
 Administrator's Signature: _____ Date: _____

Original to Parent, One copy to Office, One copy to Teacher ~~File~~

09.43 AP.21
(CONTINUED)

HIGH SCHOOL DISCIPLINE REFERRAL FORM

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STUDENTS

09.432 AP.2

Notification to Parent of Detention/Saturday School

Date

Dear Parent/Guardian:

In compliance with Policy 09.432, I have assigned _____

Student's Name

to ☐ detention ☐ Saturday School on _____
_____ for misconduct.
Date

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

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

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

Sincerely,

Principal/Designee's Signature

Draft to Include with Update 4/1/2022

STUDENTS

09.434 AP.2

Notice of Suspension

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

Dear Parent/Guardian(s) of

(Student Name)

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The purpose of this letter is to notify you that _____ has been suspended from school for violating a section of the Code of Conduct and Expected Behavior. Please see below for details:

Offense: _____

Incident Date: _____

Incident Details: _____

Resolution: Out of School Suspension

Resolution Assign Date: _____

Resolution Start Date: _____

Resolution End Date: _____

To: _____ Date: _____

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

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

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

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

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

SUSPENSION SHALL BE ASSIGNED AS FOLLOWS:

The suspension shall start on _____ ☐ AM ☐ PM

The suspension shall end on _____ ☐ AM ☐ PM

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

NOTE: Student shall not participate in any extra-curricular activity for the duration of the suspension.

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Signature of Principal/Designee

Date

DUE PROCESS

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

Administrative Hearing/Expulsion Checklist

Student:		Grade:	School:
Parent/Guardian:		Phone Number:	Date(s) of Suspension:
Principal Initial	Item to be submitted	Item Description (Please check each box to ensure each item is included in the packet for the hearing officer. Please write N/A if the section does not apply to the student.)	
	N/A	Principal has consulted with Principal Supervisor on the Level 4 incident. Principal Supervisor supports moving to an administrative hearing. <u>Yes</u> <u>No</u> Date Principal Supervisor was consulted: _____	
	Parent Letter	_____ IC Form letter explaining the incident _____ Personal letter to parent (This letter should describe the incident, state suspension dates, and state recommendation is being made to the hearing officer for an administrative hearing to determine next steps. See parent letter example). Date IC form letter and personal letter were mailed: _____ <i>Special Education Students Only</i> Date the copy of procedural safeguards were mailed: _____	
	Special Education	Please circle YES or NO: 1. Is the student an active special education student? YES or NO • IEP Progress data has been entered into Infinite Campus EdMed and reviewed by the Principal? YES or NO Principal Signature of Confirmation: _____ • Principal has confirmed IEP has been fully implemented. YES or NO Principal Signature of Confirmation: _____ 2. If the student is not an active special education student, has he/she been active in the past? YES or NO 3. Is the student in the evaluation process for special education? YES or NO 4. Does the student have a 504 Plan? YES or NO If the answer is YES to any of the first three (3) questions 1-3 , please complete the shaded special education section below. For 504 Plans, please consult with the Special Education Director for next steps.	
	If the student is in Special Education, the packet must be submitted to the hearing officer within 24 hours due to the time constraints of scheduling the Manifestation Determination (MDR). The hearing officer will consult with special education to schedule the MDR if the hearing officer accepts the packet for hearing.	KCSO Special Education Director was notified of the incident and is aware a pack has been sent to the hearing officer for review: Date of Conversation: _____ Case Manager Name: _____ Coordinate with the case manager on the following items for the MDR: _____ Meeting Notice created _____ Evaluations, IEPs, and any other relevant information available at MDR _____ Current academic and behavioral data, including BIP (if appropriate) _____ Discipline and attendance data _____ Prepare conference summary which includes MDR form	

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STUDENTS

09.435 AP.22

(CONTINUED)

Administrative Hearing/Expulsion Checklist

Letter to Superintendent	<p>TheThis letter to the Superintendent needs to include the following information:</p> <p>Listing of suspension dates, first and last name of the student, documentation of police involvement if required by Code of Conduct, recommendation to the District hearing officer for an administrative hearing to determine next steps, if the student admitted to or denied offense and note if written statement from the student is included with his/her version of events, state if the student receives special education services and manifestation date if known, note if open enrollment or tuition, include any information relevant to placement decisions.</p>
Additional Information, available)	<p>Required (If</p> <p>_____ Detailed account of incident from administrator who served as primary investigator</p> <p>_____ Due process account (names of other students redacted or not referred to)</p> <p>_____ Written statement from student with his/her version of events and admission or denial of incident</p> <p>_____ Lab report and/or additional relevant evidence collected</p> <p>_____ Due process documentation from any other source including notes, written statement from witnesses, etc.</p> <p>_____ Copy of police report</p>
Safety or Mental Health Assessment	<p>Was a safety or mental health assessment requested by the school?</p> <p>_____ Yes _____ No</p> <p>If yes, include information in packet.</p>
Interventions applicable)	<p>(If</p> <p>If the prior history of the student, combined with the violation, impacted the recommendation for expulsion, please complete the Intervention Document which is hyperlinked.</p>
Infinite Campus Information (Print and include in packet)	<p>_____ Student Information Summary Page</p> <p>_____ Discipline record with notes and actions</p> <p>_____ Detailed progress report if available and report card</p> <p>_____ Attendance</p> <p>_____ Transcript (high school only)</p> <p>_____ Schedule</p> <p>_____ Enrollment history</p> <p>_____ PLP Contact Log</p>

This packet~~d~~ has been reviewed and is complete.

Principal Signature: _____ Date: _____

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

Curriculum and Instructional Resources Determination

The District will develop and implement a quality curriculum grounded in the Kentucky Academic Standards. The District will measure student learning through a balanced assessment system, and support staff with high-quality instructional resources and evidence-based practices. District and school staff will collaborate on decisions around curriculum, instructional resources, and materials that are aligned to the standards to help ensure that all students have equal access to the same curriculum and high-quality instruction resources. Curricular coherence allows for stronger collegial collaboration around student learning of the standards and easier transition for students moving from one school to another in the District.

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- The Kentucky Academic Standards (KAS)- the minimum requirements of what students should know and be able to do by the end of each grade level. The standards address what is to be learned, they do not address how learning experiences are to be designed or what instructional resources are to be used.
- Curriculum- a course or path. Through a collaborative model, the District will revise District curriculum maps/timelines each year. These maps/timelines bundle the standards and serve as a pacing guide for the instructional year. District Common Assessments are placed on our maps/timelines.
- High Quality Instructional Resources- include all print, non-print, or electronic mediums designed to assist student learning. The District will use the information and definition from our state department as it relates to determining the quality of an instructional resource. As defined by the Kentucky Department of Education, high quality instructional resources are defined as resources that are:
 - aligned with the Kentucky Academic Standards;
 - research-based and/or externally validated;
 - comprehensive;
 - culturally relevant, free from bias; and
 - accessible for all students

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TIMELINE

- The District will utilize a process annually for each school to conduct a review of all instructional resources/materials utilized during instruction to assist student learning of the standards prior to the start of the school year. This collective inventory for each school will be sent to the district office generating a comprehensive database allowing each building principal to consult with the School Based Decision Making (SBDM) Council. This database will allow the district office to review, provide feedback, approve, consult with the Board and allow schools to identify high quality resources utilized across the District.
 - This process should capture all instructional resources that are being utilized in Tier I instruction (Academic/SEB), Tier II, Tier III, Special Education, EL, etc.

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Curriculum and Instructional Resources Determination**TIMELINE (CONTINUED)**

- After the school year begins, each time a school implements or purchases comprehensive instructional resources or textbooks, the same process as outlined above will be followed by the school and district office. (It is recommended that instructional resource purchases that are financially significant be reviewed before finalizing the purchase).
- District Curriculum Maps/Timelines will be reviewed and revised annually and completed each year prior to the start of the school year for principals to consult with school councils and ensure all teachers are aware and have access.
- Teachers have the professional autonomy to determine necessary resources/materials such as articles, video clips, websites, etc. that align to grade level standards. These resources will not be submitted for review to the District. It is the expectation that the instructional statement and Board policies/procedures guide the professional decision making for each individual teacher.
- KCSD Instructional Statement (available on the District website)
 - This statement will be reviewed and revised as necessary and at a minimum prior to the start of each school year. This statement will be included in the beginning of the year/opening day checklist for teachers to review and sign indicating they are aware of the curriculum they are responsible for teaching and the necessary Board policies that provide guidance on various aspects to include:
 - curriculum/course of study;
 - reviewing materials in advance;
 - lesson planning;
 - controversial issues; and
 - review of instructional materials.

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Alternative Credit Options**APPLICATION**

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>	
School _____		Grade in the upcoming school year _____	

Course(s) requested: _____

☐ Summer School Course (approved by Superintendent/designee) ☐ Online Course☐ College Credit ☐ Work-Based Learning☐ Performance-Based Credit (provide information required below)

From what source _____

Total number of credits anticipated: _____

Reason for taking this course:

☐ Graduation with class☐ Enrichment/Elective☐ Course not available within the District☐ Simultaneous high school/college credit☐ Other, _____

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

*Principal/designee's Signature*_____
Date

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

*Student's Signature*_____
Date

SBDM Council Approval Date: _____

Number of credits earned _____ Date grade received _____

*Principal/designee's Signature*_____
Date

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

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

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

Describe the non-traditional and/or learning setting in which the learning will occur for the credit(s) being requested:

To be completed by Principal/designee

Request was ☐ Approved ☐ Denied Date _____

If approved, student performance will be assessed as follows:

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

Date of assessment: _____ Assessment Score: _____

Assessment Supervised by: _____

Principal/designee Signature_____
Date

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

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

Student's Name: _____ Date of Birth: ____/____/____
*Last First MI*Address of Residence: _____
Street City State Zip

School of residence: _____ School presently attending: _____

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

Name of School: _____ Year: _____ Grade: _____

Name of School: _____ Year: _____ Grade: _____

Reason for requesting to attend the Virtual Learning Center: _____

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

☐ No☐ Yes - Complete the following (This information should be accessible in the Virtual Learning Platform):

- Number of courses attempted _____
- Number of courses completed with a passing grade _____
- Number of high school credits earned _____

Student's Signature: _____ Date: _____

If approved, a [Virtual Learning Contract](#) will be completed and signed by the student and parent/guardian. The contract will be regularly monitored by the school throughout the year. Parents/guardians are expected to regularly monitor their student's academic performance and behavior to support maintaining satisfactory performance levels and all parts of the contract. Parents/guardians must agree to bring in their student for required state assessments (i.e. ACT, ACCESS, Kentucky Summative Assessment, and Brigance). If a student does not participate in required state assessments, the student will automatically be denied in the future for Virtual Learning.

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

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

This request is ☐ Approved ☐ Denied – Reason: _____

Principal/designee's Signature: _____ Date: _____

Date notification sent to Parent/Legal Guardian: _____

Full-Time Virtual Learning Contract

School Year ____ / ____

Student Name: _____ School of residence: _____

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

FOLLOW DISTRICT POLICIES/PROCEDURES

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

ACCEPTABLE USE POLICY

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

MAKE SUFFICIENT ACADEMIC PROGRESS

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

Full-Time Virtual Learning Contract**COMMUNICATION**

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

ACADEMIC HONOR POLICY

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

TECH SUPPORT

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

STUDENT ACKNOWLEDGEMENT & UNDERSTANDING

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

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

_____ I agree to abide by the guidelines as stated.

Student's Signature: _____ Date: _____

PARENT/LEGAL GUARDIAN ACKNOWLEDGEMENT & UNDERSTANDING

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

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

_____ I agree to abide by the guidelines as stated.

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

STUDENTS

09.124 AP.21

Nonresident Pupil Admission Request for Tuition StatusSchool Year

Terms and conditions of **Nonresident Pupil Admission** ~~tuition-application~~ – Please read the entire form prior to completing and submitting form.

Tuition fees must be paid no later than August 10th 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. The tuition fee is \$500 per student/per school year.

Parents must submit a copy of their child's report card, attendance, discipline records, individual education 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.)

- Nonresident pupil/Tuition applications will only be considered if ~~there is~~ adequate capacity is available at the school. Adequate capacity is defined as adequate space per recommended State Cap in the grade level/classes in the school, 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.
 - Per KRS 156.070, any K-12 student who transfers enrollment from a district of residence to a nonresident district after July 1, 2022 shall be ineligible to participate in interscholastic athletics for one (1) calendar year from the date of transfer. 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.~~

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)

Nonresident Pupil Admission Request for Tuition Status

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

Signature of Student: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

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

Employee Name: _____ School/Job Site: _____

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

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

Signature below shows application is **APPROVED**

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

Date Notification Sent to Parent _____

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

Application **DENIED**

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

Reason(s) for Denial: _____

Date Notification Sent to Parent _____

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

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

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

STUDENTS

09.124 AP.21
(CONTINUED)

**Employee Request for Nonresident Pupil Admission Tuition Status for
Preschool Program**

Applications Due: _____

School Year

Applications Due By

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

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

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

Tuition applications for students of full-time employees who live outside the District are considered only if there is adequate capacity is available at the school. Adequate capacity is defined as adequate space per recommended State Cap existing in the grade level/classes in the school. and there is no undue impact on the programmatic needs of the school/District.

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

Date of Application: _____

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

Student's Full Name _____ Date of Birth _____

Address of Residence _____
Street City State Zip

Name of Parent/Legal Guardian: _____ Relationship: _____

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

School of Residence: _____

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

School Presently Attending: _____

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

STUDENTS

09.124 AP.21
(CONTINUED)

**Request for Nonresident Pupil Admission Tuition Status for Preschool
Program**

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

Name of School _____ Dates: _____

Name of School _____ Dates: _____

Other information you wish to share: _____

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

Signature of Parent/Legal Guardian: _____ Date: _____

Kenton County School District Full-Time Employee Name: _____

School/Job Site: _____

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

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

Signature below shows application is **APPROVED**

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

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

Date Notification Sent to Parent: _____

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

Application DENIED

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

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

Reason(s) for Denial: _____

Date Notification Sent to Parent: _____

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

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"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."