



Kenton County School District | It's about ALL kids.

ISSUE PAPER

DATE:

May 30, 2023

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

2023 Procedure Update (#27) 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
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"/>
03.223 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.4 AP.1	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.4 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.4 AP.231	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
05.4 AP.232	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.13 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.23 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.4341 AP.11	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.32 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.1 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.113 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.11311 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.124 AP.21	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

08.1 AP.1 ✓
 08.113 AP.2 ✓
 08.1131 AP.2 ✓
 09.36 AP.2 ✓

_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>
_____	<input type="text"/>	<input type="text"/>	_____	<input type="text"/>	<input type="text"/>

*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: THE UPDATED FBI CJIS SECURITY POLICY CHANGES THE TRAINING REQUIREMENTS FROM EVERY TWENTY-FOUR (24) MONTHS TO EVERY TWELVE (12) MONTHS.
FINANCIAL IMPLICATIONS: MORE FREQUENT TRAINING

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.

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 ~~twelve~~twenty-four (12~~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.

Criminal History Record Information**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.

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.

Criminal History Record Information**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
 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.

Criminal History Record Information**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: HB 331 AMENDS KRS 158.162 REGARDING TRAINING REQUIREMENTS FOR USE OF AUTOMATED EXTERNAL DEFIBRILLATORS(AEDS)

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, TRAINING COSTS

EXPLANATION: SB 1 (2022) CHANGED THE PROCESS FOR HIRING THE PRINCIPAL FROM THE COUNCIL TO THE SUPERINTENDENT WITH CONSULTATION WITH THE COUNCIL AND REMOVED THE REQUIRED TRAINING ON INTERVIEWING TECHNIQUES.

FINANCIAL IMPLICATIONS: SAVINGS ON TRAINING COSTS

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		✓		

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 defibrillators (AEDs), training on use of such.	KRS 158.162 KRS 311.667	03.1161/03.2241 05.4/09.311/09.224			✓	
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 158.162 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	✓		✓	

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			✓	

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 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: HB 319 REMOVES THE REQUIREMENT THAT AN AFFIDAVIT BE SUBMITTED FOR SICK (INCLUDING EMERGENCY LEAVE USED FOR THIS PURPOSE) AND PERSONAL LEAVE AND REPLACES AFFIDAVIT WITH STATEMENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.223 AP.2

Leave Request Form and StatementAffidavit

See Procedure 03.123 AP.2/Leave Request Form and StatementAffidavit.

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

DRAFT 5/26/23

SCHOOL FACILITIES

05.4 AP.1

Use of ~~Automated~~ Automatic External Defibrillators (AEDs)

NOTE: If an AED is not immediately available, perform CPR until AED arrives on the scene.

Each school's emergency plan shall include procedures to be followed in case of a medical emergency, a written cardiac emergency response plan, and a diagram that clearly identifies the location of each AED. Procedures for the use and training of AEDs shall be included in the emergency response plan.

PURPOSE OF PROCEDURE:

To provide trained employees of the District with uniform guidelines to follow when responding to sudden cardiac arrest incidents and in intervening with an AED.

~~DURING SCHOOL HOURS:~~

- ~~1. Assess scene safety. Rescuers are volunteers and are not expected to place themselves at risk in order to provide aid to others. Instead, the scene or environment around a victim must be safe prior to attempting to assist.~~
- ~~2. Determine responsiveness of victim.~~
- ~~3. Activate emergency system:~~
 - ~~a) At any phone, dial 911.~~
 - ~~b) Call main office and alert them to emergency and location of unconscious person.~~
 - ~~c) Main office staff will assign an individual to retrieve the AED and meet responding volunteer(s) at emergency scene.~~
 - ~~d) The office staff will assign someone to wait at the facility entry to direct Emergency Medical Services (EMS) to victim's location.~~
- ~~4. CPR-trained individuals will assess the emergency and, if needed, begin CPR until the AED has arrived:~~
 - ~~a) Open airway.~~
 - ~~b) Check for breathing—if not breathing, or if breathing is ineffective, give two (2) slow breaths. Observe universal precautions using gloves and ventilation mask, if available. If victim is breathing, place him/her in the recovery position, and monitor breathing closely.~~
 - ~~c) Check for signs of circulation such as pulse and coughing, or movement.~~
 - ~~d) If there are no signs of circulation, apply AED immediately. If AED is not immediately available, begin chest compressions and breathing (CPR) until AED arrives.~~

Use of Automated Automatic External Defibrillators (AEDs)**DURING SCHOOL HOURS (CONTINUED)**

NOTE: If a rescuer is alone and the victim is a child under eight (8) years old or under 25 kg. (55 lbs.) and has no known cardiac condition, perform one (1) minute of infant/child CPR prior to activating the emergency response system and getting the AED.

5. Turn on the AED.
6. Apply electrode pads (according to diagram on back of electrode pads) to victim's bare chest:
 - a) Peel electrode pads, one at a time, from the backing or liner.
 - b) Shave or clip chest hair if it is so excessive it prevents a good seal between electrode pads and skin.
 - c) Wipe chest clean and dry if victim's chest is dirty or wet.
 - d) Press electrode pads firmly to skin.

NOTE: If victim is under eight (8) years old or under 25 kg (55 lbs.), remove pre-connected adult defibrillation electrodes, connect Infant/Child Reduced Energy Defibrillation Electrodes to the AED and proceed with steps a, b, c, and d. If pediatric pads are not available, cardiopulmonary resuscitation (CPR) has been tried for a minute, and the child is over one (1) year old, you may use regular adult pads. Do not delay treatment to determine precise age or weight of child. If in doubt, defibrillate with pre-connected defibrillation electrodes.

7. Stand clear of victim while machine evaluates victim's heart rhythm.
8. Refrain from using portable radios or cell phones within four (4) feet of victim while AED is evaluating heart rhythm.

SHOCK ADVISED

1. Clear area, making sure no one is touching the victim.
2. Push SHOCK button when prompted. (If the AED is a fully automatic unit, the shock occurs without rescuer interaction.)
3. Device will analyze the victim's heart rhythm and shock up to three (3) times.
4. After three (3) shocks device will prompt to check for pulse (or for breathing and movement) and, if absent, start CPR.
5. If pulse or signs of circulation such as normal breathing and movement are absent, perform CPR for one (1) minute.
6. Device will count down one (1) minute of CPR and will automatically evaluate victim's heart rhythm when CPR time is over.

NO SHOCK ADVISED

1. Device will prompt to check pulse (or breathing and movement) and if absent, start CPR.
2. If pulse or signs of circulation such as normal breathing and movement are present, perform CPR for one (1) minute.
3. If pulse or signs of circulation are present, check for normal breathing.
4. If victim is not breathing normally, give rescue breathing according to training.

Use of Automated Automatic External Defibrillators (AEDs)**~~NO SHOCK ADVISED (CONTINUED)~~**

- ~~5. AED will automatically evaluate victim's heart rhythm after one (1) minute.~~
- ~~6. If victims regain signs of circulation, such as breathing or movement, place them on their side in the recovery position, and monitor their breathing closely.~~
- ~~7. Continue cycles of heart rhythm evaluations, shocks (if advised) and CPR until professional help arrives.~~
- ~~8. Victim must be transported to hospital.~~
- ~~9. Leave AED attached to victim until EMS arrives, and disconnect AED.~~
- ~~10. Turn over care of the victim to EMS personnel. Once they have arrived, follow the direction of EMS personnel for further actions.~~

~~AFTER SCHOOL HOURS~~

- ~~1. Athletic trainer covered events:~~
 - ~~a) Determine unresponsiveness~~
 - ~~b) Activate emergency system:~~
 - ~~• At any phone, dial 911.~~
 - ~~• Alert athletic staff of emergency by sending a runner to inform the athletic trainer, athletic director or field/gym manager.~~
 - ~~c) If present, the athletic trainer or designee will retrieve the AED.~~
 - ~~d) If a CPR and/or AED trained individual is available, CPR and AED procedures should be initiated until EMS arrives.~~
 - ~~e) Follow procedure outlined above. See During School Hours section starting with 4a.~~
- ~~2. Other school events (if AED is available)~~
 - ~~a) Determine responsiveness.~~
 - ~~b) Activate emergency system:~~
 - ~~• At any phone, dial 911.~~
 - ~~• Alert the supervising staff member of the emergency.~~
 - ~~c) If CPR/AED trained, the supervising staff will retrieve the AED. CPR and AED procedures should be initiated until EMS arrives~~
 - ~~d) Follow procedure outlined above. See School Hours section starting with 4a.~~

~~AFTER USE~~

- ~~1. A copy of AED use information will be sent within 24 hours (weekdays) of the emergency to:~~
 - ~~a) Medical Director~~
 - ~~b) AED Program Coordinator~~

Use of Automated Automatic External Defibrillators (AEDs)**AFTER USE (CONTINUED)**

- ~~2. The responder will document the event using the District accident form and will forward a copy of completed form to the AED Program Coordinator or designee on the next business day.~~
- ~~3. The AED will be wiped clean according to manufacturer guidelines.~~
- ~~4. Electrode pads must be replaced and reconnected to the device (electrode pads and CHARGE-PAK charging unit must be replaced in the LIFEPAK CR Plus AED).~~
- ~~5. Contents of the resuscitation kit must be replaced if used.~~
- ~~6. Critical Event Stress debriefing will be conducted by:~~
 - ~~a) Medical Director~~
 - ~~b) AED Program Coordinator~~

Since survival rates decrease by 10% with each minute of delayed defibrillation, the chain of survival is designed to minimize the time between arrest and defibrillation and increase survival. The following five (5) steps comprise the chain of survival:

1. Early recognition of sudden cardiac arrest (SCA)
 - Collapsed and unresponsive
 - Gasping, gurgling, snorting, moaning or labored breathing
 - Seizure-like activity
2. Early Access to 911
 - Confirm unresponsiveness
 - Call 911 and follow emergency dispatcher's instructions
 - Call any on-site emergency responders
3. Early cardiopulmonary resuscitation (CPR)
 - Begin CPR immediately
4. Early Defibrillation
 - Immediately retrieve and use an AED to restore the heart to its normal rhythm
5. Early Advanced Care
 - Emergency medical services (EMS) responders begin advanced life support and transfer to a hospital

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

SCHOOL FACILITIES

\$05.4 AP.23

Compliance with Automated External Defibrillator (AED) Requirements

Name of Employee: _____ Date of Training: _____

Having completed the required AED training, I hereby confirm that I have read and understand the policies and procedures for use of AEDs for the District.

Should I have questions at any time while serving as an Expected AED User, I shall contact the designated AED contact for clarification. I agree to follow the terms and guidelines set forth in policy and procedures for this District.

Expected AED User's Signature Date

Superintendent/designee's Signature Date

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE EACH SCHOOL TO HAVE A WRITTEN CARDIAC EMERGENCY RESPONSE PLAN. IT ALSO REQUIRES THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS, AND TO ADOPT PROCEDURES FOR THE USE OF AEDS DURING EMERGENCIES.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

DRAFT 5/26/23, REVISED 5/30/23

SCHOOL FACILITIES

05.4 AP.231

Automated External Defibrillator (AED) Reporting Forms

Submit this form to Superintendent/designee within forty-eight (48) hours of AED use.

AED USER:

LOCATION OF AED USE:

NAME:

DATE OF INCIDENT:

☐ Staff Member

☐ Student

☐ Parent/Visitor

Condition upon arrival (check all that apply)

☐ unconscious

☐ not breathing

☐ no pulse and/or shows signs of circulation such as normal breathing, coughing or movement

NUMBER OF DEFIBRILLATIONS:

Please describe the incident from the beginning of the emergency until its conclusion:

Were efforts terminated? ☐ Yes ☐ No If yes, please explain:

SIGNATURE OF AED USER

DATE

Automated External Defibrillator (AED) Reporting Forms

AED SITE INFORMATION FORM FOR EMS

AED SERIAL # _____
PAD EXPIRATION DATE _____

AED SITE/LOCATION: _____

SITE ADDRESS: _____

TYPE OF BUSINESS: _____

WORK HOURS (REGULAR HOURS): _____

NUMBER OF PEOPLE AT SITE EACH DAY: _____ **AFTER HOURS** _____

AED PROGRAM COORDINATOR: _____

TELEPHONE #: _____ **FAX #:** _____

E-MAIL: _____

TYPE OF AEDs: _____

NUMBER OF AEDs: _____

LOCATION OF AEDs:

#1 _____ **#2** _____

#3 _____ **#4** _____

#5 _____ **#6** _____

DATE AED PUT INTO SERVICE: _____

TRAINING PROGRAM: _____

NAME OF INSTRUCTOR: _____ **TEL #:** _____

NUMBER OF PEOPLE TRAINED: _____

DATE TRAINING COMPLETE: _____ **RENEWAL DATE:** _____

MEDICAL DIRECTOR: _____ **TEL #:** _____

LOCAL FIRE DEPT.: _____

Automated External Defibrillator (AED) Reporting FormsSubmit this form to Superintendent/designee within forty-eight (48) hours of AED use.**EVENT SUMMARY FORM****LOCATION OF EVENT:** _____**DATE OF EVENT:** _____ **TIME OF EVENT** _____**PATIENTVICTIM INFORMATION:**☐ Staff Member☐ Student☐ Parent/Visitor**NAME:** _____**ADDRESS:** _____**PHONE #:** _____**AGE:** _____ **GENDER: MALE:** _____ **FEMALE:** _____**WITNESSED ARREST: YES:** _____ **No:** _____Breathing upon arrival of designated responders: Yes ☐ No ☐Pulse or signs of circulation upon arrival of designated responders: Yes ☐ No ☐Unconscious: Yes ☐ No ☐Was 911 activated? Yes ☐ No ☐

Total number of shocks: _____

DID VICTIM...Regain a pulse? Yes ☐ No ☐Resume breathing? Yes ☐ No ☐Regain consciousness? Yes ☐ No ☐Any complications? Yes ☐ No ☐If yes, add details:

ADDITIONAL COMMENTS: Describe the incident from the beginning of the emergency until its conclusion (use additional page if needed).

Were efforts terminated: Yes ☐ No ☐

Automated External Defibrillator (AED) Reporting Forms

EVENT SUMMARY FORM (CONTINUED)

Explain: _____

NAME OF AED USER~~TRAINED RESCUER~~(S):

SIGNATURE OF PERSON COMPLETING FORM: _____ DATE: _____

Automated External Defibrillator (AED) Reporting Forms**AED SITE INFORMATION FORM FOR EMERGENCY MEDICAL SERVICES (EMS)**

School District name: _____

School name: _____

School address: _____

AED program coordinators: _____

School nurse: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Director of Health Services: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Athletic Director: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Total number of AED units: _____

	<u>SERIAL NO.</u>	<u>LOCATION/NUMBER</u>	<u>IMPLEMENTED</u>	<u>TYPE</u>	<u>RESPONSIBILITY OF</u>
<u>1.</u>	-	-	-	-	-
<u>2.</u>	-	-	-	-	-
<u>3.</u>	-	-	-	-	-
<u>4.</u>	-	-	-	-	-
<u>5.</u>	-	-	-	-	-
<u>6.</u>	-	-	-	-	-
<u>7.</u>	-	-	-	-	-
<u>8.</u>	-	-	-	-	-
<u>9.</u>	-	-	-	-	-
<u>10.</u>	-	-	-	-	-

Local Fire Dept: _____

EXPLANATION: HB 331 AMENDS KRS 158.162 TO REQUIRE THE DISTRICT TO MAINTAIN A PORTABLE AUTOMATED EXTERNAL DEFIBRILLATOR (AED) IN EVERY MIDDLE AND HIGH SCHOOL BUILDING, AND AS FUNDS BECOME AVAILABLE, AT SCHOOL-SANCTIONED MIDDLE AND HIGH SCHOOL ATHLETIC PRACTICES AND COMPETITIONS.

FINANCIAL IMPLICATIONS: COSTS OF PURCHASING, MAINTAINING AEDS, COPYING AND DISTRIBUTING PLANS, AND PERSONNEL TRAINING COSTS

DRAFT 5/30/23

SCHOOL FACILITIES

05.4 AP.232

Automated External Defibrillator (AED) Inspection Log

Each AED unit will have this checklist affixed to cabinet, device, or pelican case.

AED Checklist

Serial No. _____

School Year _____

Adult Pads Exp. _____

Pedi Pads Exp. _____

Batteries Exp. _____

Monthly Battery Check:

Aug. _____

Sept. _____

Oct. _____

Nov. _____

Dec. _____

Jan. _____

Feb. _____

Mar. _____

Apr. _____

May _____

June _____

July _____

Tracking at the District level will be done for all units.

Automated External Defibrillator Inspection Log

<u>SCHOOL</u>	<u>SERIAL NO.</u>	<u>IMPLEMENTED</u>	<u>ADULT EXP.</u>	<u>PEDI EXP.</u>	<u>EST BATTERY EXP</u>	<u>POLICY</u>	<u>RAZOR</u>	<u>CHECK LIST</u>	<u>UPDATED</u>	<u>TYPE OF AED</u>	<u>RESPONSIBILITY OF</u>	<u>NOTES</u>

EXPLANATION: HB 522 AMENDS KRS 45A.385 AND KRS 424.260 INCREASING THE AGGREGATE CONTRACT AMOUNT MAXIMUM FOR SMALL PURCHASE TO \$40,000.
FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

SUPPORT SERVICES

07.13 AP.1

Bidding of School Food Service Supplies

LIKE ITEMS IN EXCESS OF ~~\$30,000~~40,000

If the total amount of purchases for like items is ~~\$30,000~~40,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid through or in accordance with a schedule determined by the local educational cooperative.

BID SPECIFICATIONS

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

PERISHABLES

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

EMERGENCY PURCHASES

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

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

RECORDS MANAGEMENT

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

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

RELATED PROCEDURE:

04.32 AP.1

EXPLANATION: SB 5 CREATES A NEW SECTION OF KRS 158 TO REQUIRE THE BOARD TO ADOPT A COMPLAINT RESOLUTION POLICY FOR PARENTS OR GUARDIANS ALLEGING THAT MATERIAL, A PROGRAM, OR AN EVENT THAT IS "HARMFUL TO MINORS" HAS BEEN PROVIDED OR IS CURRENTLY AVAILABLE TO THEIR STUDENT ENROLLED IN THE DISTRICT.

FINANCIAL IMPLICATIONS: TIME SPENT INVESTIGATING, RESPONDING TO APPEALS, COST OF NEWSPAPER ADVERTISEMENT REGARDING FINAL OUTCOME

STUDENTS

08.23 AP.21

"Harmful to Minors" Complaint Resolution Process

This parent or guardian complaint must be submitted in writing to the Principal of the school where the student is enrolled alleging that material, a program, or an event that is "harmful to minors" has been provided or is currently available to the child of the parent or guardian.

"Harmful to minors" is defined in KRS 158.192 and Policy 08.23.

COMPLAINANT (PARENT OR GUARDIAN)

Complainant Name _____ Date _____

Home Address _____ Phone _____

Student Name(s) _____

Home Address _____ Phone _____

School _____ Grade Level _____

COMPLAINT(S)

A reasonably detailed description of the material, program, or event that is alleged to be "harmful to minors," and how the material, program, or event is believed to be "harmful to minors." (Use additional sheet if necessary.)

Complainant's Signature _____ Date _____

LEVEL ONE: SCHOOL PRINCIPAL NAME:

Within seven (7) business days of receiving a written complaint, the Principal shall review the complaint and take reasonable steps to investigate the allegations in the complaint, including but not limited to reviewing the material, program, or event that is alleged to be "harmful to minors;"

Per KRS 158.192, the Principal shall determine whether:

- The material, program, or event that is the subject of the complaint is "harmful to minors;"
- Student access to material that is the subject of the complaint shall remain, be restricted, or be removed;
- A program or event that is the subject of the complaint shall be eligible for future participation by students in the school.

“Harmful to Minors” Complaint Resolution Process**COMPLAINT(S) (CONTINUED)**

Within ten (10) business days of receiving the complaint, unless another schedule is mutually agreed to by the parent or guardian and the Principal, the Principal shall confer with the parent or guardian and inform him or her whether the material, program, or event that is the subject of the complaint was determined to be “harmful to minors” and what the resolution will be.

PRINCIPAL’S DETERMINATION (USE ADDITIONAL SHEET IF NECESSARY.)

Principal’s Signature

Date

A parent or guardian not having filed the appeal may request in writing access to the appealed materials, programs, or events for review and shall abide by the school's and District's policies and procedures when requesting and reviewing such information.

LEVEL TWO: APPEAL OF THE PRINCIPAL’S DETERMINATION TO THE BOARD

Complainant Name: _____

Date appeal received at this level: _____

The parent or guardian shall make any appeal within ten (10) days. The appeal shall:

- Be subject to full administrative and substantive review by Board and shall not be delegated;
- Include an opportunity for the parent or guardian to provide input during public comment at a Board meeting;
- Be completed within thirty (30) calendar days of receiving the written appeal unless another time frame is mutually agreed upon by the parent or guardian and the Board; and
- Be discussed and voted on during a meeting of the Board subject to the open records and open meeting requirements under KRS Chapter 61.

“Harmful to Minors” Complaint Resolution Process**LEVEL TWO: APPEAL OF THE PRINCIPAL’S DETERMINATION TO THE BOARD (CONTINUED)**(USE ADDITIONAL SHEET IF NECESSARY.)

Complainant’s Signature

Date

The Board's final disposition of the appeal shall be made in writing and shall state whether the material, program, or event was determined to be “harmful to minors” and whether student access to the material will remain, be restricted, or be removed and whether the program or event shall be eligible for future participation by students in the school.

Within fifteen (15) business days from the date of a final disposition, the title of the material or a description of the program or event submitted for appeal, whether the material, program, or event was determined to be “harmful to minors,” whether student access to the material will remain, be restricted, or be removed or whether the program or event shall be eligible for future participation by students in the school, and the vote cast by each individual Board member shall:

- Be published on the website of the Board where it shall remain available for review; and
- Be published in the newspaper with the largest circulation in the county.

BOARD’S FINAL DISPOSITION (USE ADDITIONAL SHEET IF NECESSARY.)

Board Member Name:

Vote:

Board Member Name:

Vote:

Board Member Name:

Vote:

Board Member Name:

Vote:

Board Member Name:

Vote:

Board Chair’s Signature

Date

EXPLANATION: REVISIONS TO 704 KAR 19:002 REQUIRE THE DISTRICT TO DEVELOP PROCEDURES FOR MONITORING THE ALTERNATIVE EDUCATION PROGRAM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 5/26/23

STUDENTS

09.4341 AP.11

Alternative Education

MONITORING

The District shall provide for:

1. Regular, periodic monitoring of the alternative education program. ~~and~~
 - a. Staff regularly monitors student learning on long term alternative placement program and meets with students and parents/guardians to review progress per quarter/trimester.
 - b. District staff reviews student progress and application of the program at regular reporting intervals (i.e. mid/term, report card).
2. Selecting, implementing, and monitoring the impact of professional learning designed to meet the needs of the teachers and students served by the alternative education program.
 - a. Each Alternative Education Staff member creates an Individual Learning Plan to meet their professional learning needs and the needs of students.
 - b. This is developed in collaboration with Supervisor.

EXPLANATION: HB 538 AMENDS KRS 158.150 AND DEFINES THE PROCESS FOR EXPELLING OR EXTENDING EXPULSIONS OF STUDENTS, ENTERING INTO ALTERNATIVE PROGRAMS AND SETTINGS, AND SUSPENSION AS ADDRESSED IN POLICIES 09.431, 09.4341, AND 09.435. THIS PROCEDURE IS NO LONGER NEEDED.

FINANCIAL IMPLICATIONS: COST OF EDUCATING EXPELLED STUDENTS AND CONDUCTING HEARINGS

STUDENTS

09.435 AP.1

Student Expulsions

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

- ~~8. — Adequate notice: A student who faces a long term suspension or expulsion shall be informed of the accusations and apprised of them, with specificity, that an adequate defense can be prepared. Records of improper conduct shall be maintained.~~
- ~~9. — Copy of procedures: The involved student and his/her parent(s)/guardian(s) shall be provided with a copy of the Board's procedures in order to ensure that they know all their rights.~~
- ~~10. — Timely notice: Seventy two (72) hours notice shall be granted the student in order to provide time to prepare an adequate defense.~~
- ~~11. — Inspection of documents: The involved student, or his/her legal counsel, shall be entitled to inspect in advance any affidavits or other exhibits to be used against him/her by the school officials at the hearing.~~
- ~~12. — Legal counsel: The student may appear at the hearing with legal counsel of his/her choice.~~
- ~~13. — Cross examination: To ensure thorough examination of the facts, the student, through his/her counsel, may cross examine those witnesses who have primary knowledge of the facts.~~
- ~~14. — Student's story: The student may present witnesses or affidavits, or any documents desired, to insure adequacy of the presentation of his/her defense.~~
- ~~15. — Impartial board: The Board shall preserve neutrality until all sides have been presented.~~
- ~~16. — Limit the decision: The decision shall be based on the information presented.~~
- ~~17. — Written decision: The Board shall provide the student with a written copy of the decision including a finding of the facts and action to be taken. Rights of appeal shall be explained.~~
- ~~18. — Record: The Board and the student may make transcripts of proceedings.~~

EXPLANATION: HB 522 AMENDS KRS 45A.385 INCREASING THE AGGREGATE CONTRACT AMOUNT
MAXIMUM FOR SMALL PURCHASE TO \$40,000.
FINANCIAL IMPLICATIONS: LARGER AMOUNT FOR SMALL PURCHASE PROCEDURES

FISCAL MANAGEMENT

04.32 AP.1

Procurement Guidelines

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

The Small Purchase Procedure shall be followed for purchases which do not exceed in aggregate ~~\$40,000.00~~~~30,000.00~~ over the fiscal year. Contracts or purchases shall be awarded by competitive sealed bidding when the amounts in aggregate exceed ~~\$40,000.00~~~~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-\$39,999.9929,999.99	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.
\$40,000.0030,000 and over	Contact the Purchasing Department to proceed.

Note: In accordance with KRS 45A.380, a Non-Competitive Determination and Finding 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 ~~\$40,000.00~~~~30,000.00~~ or the aggregate amount District wide does not exceed ~~\$40,000.00~~~~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.

Procurement Guidelines

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 \$~~40,000.00~~~~30,000.00~~, or the aggregate amount does not exceed \$~~40,000.00~~~~30,000.00~~.

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 \$~~40,000.00~~~~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 \$~~40,000.00~~~~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 \$~~40,000.00~~~~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 \$~~40,000.00~~~~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 \$~~40,000.00~~~~30,000.00~~.

Procurement Guidelines

Officials authorized to determine if the aggregate amount of any contract exceeds \$~~40,000.00~~~~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.

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;
Purchase of such items with school nutrition service funds shall be done consistent with methods authorized by federal regulation (7 C.F.R. §3016.36).
6. The contract is for replacement parts where the need cannot be reasonably anticipated and stockpiling is not feasible;
7. The contract is for proprietary items for resale*;
8. The contract relates to an enterprise in which the buying or selling by students is a part of the educational experience*;

Procurement Guidelines

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

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

F. Reverse Auction

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

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

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

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

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

Procurement Guidelines**I. Partial, progressive and multiple awards.**

The District purchasing officer is authorized, when feasible, to advertise for bids as a discount from a price list or catalog. The conditions shall state that multiple awards may be made. When such multiple awards are made, purchases at the contract discount may be made from such price lists or catalogs without further negotiation. However, any changes in the price list exceeding ten percent (10%) during the period of the contract shall disqualify such items from purchase.

J. Supervision of store rooms and inventories, including determination of appropriate stock levels, and the management, transfer, sale or other disposal of government-owned property shall be the responsibility of the purchasing officer of the District.**K. Definitions and classes of contractual services and procedures for acquiring them.**

The District may obtain the services of various classes of professionals, technicians, and artists by noncompetitive negotiation when specialized training is required of the contractor, when a specific program or service can be delivered by only one or a few individuals, or when travel costs and time dictate constraints on the bidding process.

L. Procedures for the verification and auditing of local public agency procurement records.

The Superintendent shall maintain sufficient records for the Board to verify all purchasing agreements and purchases made through such agreements. Financial records of all transactions related to the purchase of goods and services for the District or individual schools are subject to an annual financial audit.

M. Annual reports from those vested with purchasing authority as may be deemed advisable in order to insure that the requirements of this policy are complied with.

1. Each staff member authorized to approve purchase orders shall:
 - a. Keep a copy of all purchase orders issued
 - b. Maintain a log to include the name of the vendor from which products or services were obtained.
 - c. Record the purpose of the product or service.
 - d. Record how the decision was made to purchase from the vendor (bid, negotiation, single source, state price contract, etc.)
 - e. List other vendors contacted and their cost for the product or service.
2. All Board policies and District procedures pertaining to procurement, whether promulgated under KRS 45A.345 to 45A.460 or otherwise, shall be maintained in the District Central Office and shall be available to the public upon request at a cost not to exceed the cost of reproduction.

N. Except as permitted by law, every invitation for bid or request for proposals shall provide that an item equal to that named or described in the specifications may be furnished.

School and Community Nutrition Program Including Meal Charges

PROGRAM FUNDS

Because the District receives federal, state, and local funds to finance the school and community nutrition program, it is imperative that funds be properly safeguarded, that accurate records be kept, and that reports be made as required. In order to achieve this, the following procedures will be implemented:

1. All funds received as payment for meals (school nutrition program breakfast and/or lunch) and federal and state reimbursements shall be used only for food, labor, equipment, and supplies for the operation/improvement of the school nutrition program.
2. School nutrition program funds may not be used for:
 - a. The purchase of land.
 - b. The purchase or construction of buildings.
3. All schools shall make the required reports as required by the USDA and the Kentucky Department of Education.
4. A copy of all reports, financial records, and applications for free- and/or reduced-price meals shall be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.

It is recommended by KDE that if the school/District is operating under the Community Eligibility Provision, copies of Household Income Forms (HIF) be kept following the retention schedule above.
5. All meals receiving federal reimbursement are priced as a complete unit.
6. The school nutrition program is operated on a nonprofit basis. Actual cash balances shall be maintained in accordance with state/federal regulation, as appropriate.

FOOD SERVICE/SCHOOL NUTRITION PROGRAM DIRECTOR REPORT

Each year, the District/area Food Service/School Nutrition Program Director shall assess the school nutrition program and issue a written report to parents, the Board, and school-based decision making councils by a date specified by the Superintendent/designee. The annual report shall include requirements specified by state and federal regulations.

TEAMWORK ESSENTIAL

The Principal shall have the overall responsibility for the food service program in each school. However, there shall be close cooperation among the Principal, the Director of the Division of School Food Service, the Cafeteria Manager, teachers, staff, parents and students.

PRINCIPAL'S RESPONSIBILITIES

1. Serve as team leader.
2. Monitor the program to ensure compliance with federal and state food service guidelines.
3. Approve the scheduling of special events held in the cafeteria.
4. Prepare an appropriate serving schedule.

School and Community Nutrition Program Including Meal Charges**DIRECTOR'S RESPONSIBILITIES**

1. Ensure that planned menus meet the requirements of a reimbursable meal under the "Offer vs. Serve" Meal Pattern.
2. Establish standards for efficient and sanitary preparation and serving of food.
3. Develop specifications for food and supplies.
4. Determine amounts of food and supplies to be purchased and initiate the bidding process.
5. Arrange for distribution and storage of food and supplies.
6. Assist the Principal and Cafeteria Manager in encouraging maximum student participation in the food service program.
7. Aid in the evaluation of Cafeteria Managers.
8. Plan and provide training for food service employees.

DIVISION OF FOOD SERVICES ADMINISTRATIVE RESPONSIBILITIES

1. Be responsible for the total food service program of the Kenton County Public Schools.
2. Supply necessary forms for all records and reports of the food service program.
3. Supervise the bidding, delivery and utilization of, as well as payment for, all foods, food products, operational supplies (including small equipment), government commodities, and replacement of equipment.
4. Pay all invoices which have been properly completed and signed by the Cafeteria Manager.
5. Visit each school food service program regularly.
6. Make recommendations concerning employment of all personnel in the food service program.
7. Approve payroll records and authorize the payroll department to make payment of salaries to food service personnel.
8. As required by the Kentucky Department of Education, Division of School Food Services, file one (1) claim for Federal reimbursement, based on claims of all schools.
9. Prepare a monthly financial statement for each school food service program.
10. Conduct training and in-service programs for food service personnel as necessary.
11. Work with the Principal and other administrative staff members in order to offer the best possible food service program to the students of Kenton County.
12. Determine eligibility of students for free and reduced price meals.

School and Community Nutrition Program Including Meal Charges**CRITERIA FOR A MODEL MEAL COUNT SYSTEM**

1. Guidance, including written detailed instructions on the operation of the meal count system, shall be developed and provided to appropriate personnel.
2. Personnel involved in the meal count system shall be knowledgeable about and shall adequately perform their duties and responsibilities.
3. Applications for free and reduced price meals shall be approved in a timely manner and in accordance with regulations.
4. Category determinations shall be accurately recorded on the roster and maintained throughout the year.
5. The ~~Bon Appetit Computer roster and the~~ master roster shall accurately reflect each student's eligibility for free, reduced or paid meals.
6. Reimbursable meals shall be clearly identifiable.
7. Meals shall be correctly counted at the point of service (POS) and recorded by category.
8. The cash collection system for reimbursable meals and other sales ensures that appropriate amounts of cash shall be collected and recorded for each sale category.
9. A cash reconciliation system shall be used that includes the following provisos:
 - a. Determination on a daily basis whether cash collected reconciles with meal counts as recorded;
 - b. Documenting all differences; and
 - c. Ensuring that corrective action shall be taken when needed.
10. A system shall be in place to safeguard cash and student numbers from loss, theft or misuse.
11. Reports of daily meals and cash collected shall be complete and shall be compiled for claim and reimbursement.
12. Edit checks for individual schools shall be implemented to identify potential problems in the meal count system.
13. Periodic monitoring and technical assistance shall be provided for each school to ensure compliance with the approved meal count system.

MEAL CHARGES

The Kenton County School District allows limited meal charges to cover the situation of a student losing or forgetting meal money. This service is not designed or intended to provide a credit service for continuous charging and collection of student meals. Under no circumstances can a-la-carte items be charged. Students that have outstanding meal charges are not allowed to buy any a-la-carte items.

School and Community Nutrition Program Including Meal Charges**MEAL CHARGES (CONTINUED)**

If a student incurs ~~three~~ five (5) unpaid meal charges, reasonable attempts will be made to notify parents/guardians by phone, ~~or~~ email, ~~or~~ US mail. If a child incurs charges exceeding \$50 during Kenton County tenure, charges ~~may~~ will be turned over to the Board Attorney.

If applying for free or reduced lunch benefits, families are responsible for all breakfast and lunch costs until meal benefits have been approved. If the student has transferred into Kenton County from another district and received meal benefits, families are responsible for providing documentation verifying eligibility at the previous school district. Documentation from the previous school district will allow Kenton County to extend the same benefits without a delay.

Parents/Guardians are expected to pay for student meals on the day the meal is purchased or in advance with cash, check, or on-line with a debit or credit card.

REFERENCES:

702 KAR 6:090

7 C.F.R. 245.6

EXPLANATION: REVISIONS TO 704 KAR 3:305 IMPACT THE EARLY GRADUATION PROGRAM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 5/3/2023 – MOVING EGP TO 08.11311 AP.21

CURRICULUM AND INSTRUCTION

08.113 AP.21

Letter of Intent to Apply for Early Graduation

Intended Graduation Year _____

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

High School Name:	
Principal:	
District:	
Mailing Address:	

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

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

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

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

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

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

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

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

Letter of Intent to Apply for Early Graduation

Signatures:

Student _____ Date _____

Parent/Guardian _____ Date _____

Principal _____ Date _____

Superintendent _____ Date _____

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

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

Date entered into IC _____ ILP _____

By (print name and sign) _____

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

Date moved _____

School, District _____

Date entered into IC _____

EXPLANATION: REVISIONS TO 704 KAR 3:305 IMPACT THE EARLY GRADUATION PROGRAM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 5/3/2023 – MOVING EGP FROM 08.113 AP.21

CURRICULUM AND INSTRUCTION

08.11311 AP.21

Letter of Intent to Apply for the Early Graduation Program

Intended Graduation Year _____

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

High School Name:	
Principal:	
District:	
Mailing Address:	

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

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

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

_____ I have read and understand the attached District Policy (08.113) regarding the Early Graduation Program (EGP).

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

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

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

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

Letter of Intent to Apply for [the Early Graduation Program](#)

Signatures:

Student _____

Date _____

Parent/Guardian _____

Date _____

Principal _____

Date _____

Superintendent _____

Date _____

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

The Signed and completed Intent form is to be uploaded into the student [Individual Learning Plan](#)

Date entered into IC _____ ILP _____

By (print name and sign) _____

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

Date moved _____

School, District _____

Date entered into IC _____

EXPLANATION: SB 145 AMENDS KRS 156.070 REMOVING THE STATUTORY ELIGIBILITY RESTRICTION FOR NONRESIDENT STUDENT PARTICIPATION IN INTERSCHOLASTIC ATHLETICS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 5/26/23

STUDENTS

09.124 AP.21

Nonresident Pupil Admission

_____ School Year

Terms and conditions of Nonresident Pupil Admission – 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 for students living in another Kentucky school district. Any student whose primary residence is outside of the State of Kentucky shall be subject to the tuition amount equal to the current Supporting Education Excellence in Kentucky (SEEK) allocation per pupil plus the annual fee of five hundred dollars (\$500.00) as stated above. The applied SEEK amount may be prorated based on the number of days enrolled in the District.

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 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.
- Transfers involving athletics will be in accordance with Kentucky High School athletic Association (KHSAA) By-Laws~~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.~~
- **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.

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: _____

Nonresident Pupil Admission

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 OnlySignature 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."

Employee Request for Nonresident Pupil Admission for Preschool Program

____ School Year

Applications Due By _____

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.

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:

Request for Nonresident Pupil Admission 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 _____

*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."*

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.

- ***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

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 1 instruction (Academic/SEB), Tier II, Tier III, Special Education, EL, etc.

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;
 - Previewing materials ~~in advance~~;
 - Lesson planning;
 - Controversial issues; ~~and~~
 - Revision of instructional materials;
 - Instructional resources;
 - Instruction and instructional materials;
 - Human sexuality; and
 - Guest speakers.

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

Student Name: _____ Grade: _____

High School: _____

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

1. ☐ Principal's Recommendation
2. ☐ All SWS/Alternative School options have been reviewed
3. ☐ Enrolled in a Kenton County High School for two (2) semesters.
Semester 1: _____ Semester 2: _____
4. ☐ In order to meet the four (4) year attendance requirements, this diploma shall not be awarded to any student prior to the graduation date of the class with which s/he entered public school or class of which s/he would have been a member.
FR/Year 1: _____ SO/Year 2: _____ JR/Year 3: _____ SR/Year 4: _____
5. ☐ Student has written permission from their parent/guardian for participation (only applicable if student is under 18 years of age.)
6. ☐ Student has demonstrated performance-based competency in technology.
7. ☐ Student has met the Kentucky Minimum High School Graduation Requirement outlined in 704 KAR 3:305 and Board Policy.
8. ☐ Student has successfully passed the required Civics Test.

Basic Diplomas will be granted at a Board meeting following the completion of all course work, contract terms and after graduation of student's class. Acceptance must be prior to completion date.

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

English (4 credits needed):

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

Mathematics (4~~3~~ credits needed):

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

Science (3 credits needed):

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

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

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

Health/PE (.5 credit each needed):

1. Health: _____ 2. PE: _____

Visual & Performing Arts (1 credit needed):

1. Course _____ Name: _____ 2. Course _____ Name: _____

Electives (67 elective credits required, attach additional forms if needed):

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

Total Credits Earned at Acceptance: _____

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

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

VERIFICATION/COMPLETION OF CONTRACTUAL TERMS AND FINAL TRANSCRIPT

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

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

Student Name: _____ Grade: _____

ACCEPTANCE OF CONTRACTUAL TERMS

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

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

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

Fill out all information below to show total credits earned.

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

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

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

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

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

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

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

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

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

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

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

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

Total Credits Earned at Acceptance: _____

Total Credits Earned Upon Completion: _____
(22 Minimum)

Contracts of Agreement

CONTRACT OF AGREEMENT FOR KENTON COUNTY STATE MINIMUM STANDARDS DIPLOMA

VERIFICATION/COMPLETION OF CONTRACTUAL TERMS AND FINAL TRANSCRIPT

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

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.

Attach a written statement to this application which addresses each of the following questions:

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

Describe how the performance based credit will address the standards of the course as established in 704 KAR 3:303 and 704 KAR Chapter 8.Select the option for how you will demonstrate mastery of the standards for the course:

- Take the final exam for the course after the performance based experience is completed. Meet the minimum score required for credit as established by the Principal/designee/or SBDM Council.
- Create a proposal to demonstrate mastery for the course and attach to the application.

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 MIAddress 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 Brigrance). 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:	

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: _____

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		Cost	Transportation
Departure Date: _____		Total Cost: \$ _____	<input type="checkbox"/> District Bus/Van
Time: _____ AM/PM		Funding Source: _____	<input type="checkbox"/> Charter Bus: _____
Return Date: _____		Fee to be assessed to students: \$ _____ <i>Attach Student Activity Cost Form 09.15 AP.2</i>	Approved Bid – Company Name _____
Time: _____ AM/PM			<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)	School Cafeteria Packed <input type="checkbox"/>	
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

_____ I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.

_____ 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: _____

School-Related Student Trip Request Form
EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)

FOR

SCHOOL SANCTIONED NONATHLETIC EVENT HELD OFF-CAMPUS

Destination/Venue

Venue Address

Person or email contacted at venue to discuss EAP

Position/Title of person contacted

Date (s) of contact

Is there an Automatic External Defibrillator (AED) on site ☐ yes ☐ no

If yes, where is it located?

Does venue have an emergency response team (ERT)? ☐ yes ☐ no

Process to request AED and/or ERT if needed at the scene

Will a portable AED be taken from school on this trip ☐ yes ☐ no If yes, who will be responsible for oversight and location of AED?

Is any other assigned emergency equipment available on field trip? ☐ yes ☐ no

If so, list location of equipment

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs;
- If possible, how to gain access;
- Steps that must be taken quickly to initiate the chain of survival:
 - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing);
 - Call 911 using cell phone or other means of communication;
 - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute);
 - Retrieve and use the nearest AED;
 - Continuing supporting the victim until the local EMS arrives and takes over care; and
 - Direct EMS to the scene.

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

- | | |
|--|---|
| <input type="checkbox"/> Provide chaperone orientation (video, etc.) | <input type="checkbox"/> Post attendance prior to leaving |
| <input type="checkbox"/> Provide office with a list of chaperones & cell numbers | <input type="checkbox"/> Take student lunches (if applicable) |
| <input type="checkbox"/> Take student medications in original labeled bottle | <input type="checkbox"/> Take classroom emergency kit |
| <input type="checkbox"/> Take parent permission slips with you on the trip | <input type="checkbox"/> Take required payments |
| <input type="checkbox"/> Give office copies of all parent permission slips
<u>(Retain for one (1) year)</u> | <input type="checkbox"/> <u>Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all</u> |

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. [An event-specific emergency action plan has been developed to use in the event of a medical emergency, which may include the provision of a portable AED.](#)

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

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

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

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

Home Phone: _____ Address: _____

Mom (work): _____ (cell): _____ Dad (work): _____ (cell): _____

Family Doctor: _____ Phone: _____ Hospitalization Card #: _____

Name of Medical Insurance Carrier: _____

Allergies and/or reactions to drugs: _____

Medications currently taking: _____

Medications needed on this trip: _____

Who will be administering these medications? _____

Parent/Guardian Signature: _____

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

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

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

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
- [Review and keep copy of Emergency Action Plan](#)