

KSBA Procedure Service

2024 Procedure Update (#28) Checklist

District: Berea Independent Schools

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

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
01.3 AP.21	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.23	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.2 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.0 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.22 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
06.34 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.14 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2242 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.2261 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.227 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.43 AP.1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

Superintendent's Signature

Date

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