



PERSONNEL

**Hiring**

The following procedures shall apply in the recruitment, selection, and employment of all classified and certified personnel hired in the District.

**RECRUITMENT**

Recruiting shall be the responsibility of the Superintendent/designee. Efforts shall be made to recruit a quality staff to include, but not be limited to:

1. Working through placement bureaus of regional and state colleges and universities;
2. Working with state educational associations and the state department of education; and
3. Advertising through appropriate media.

**POSTING**

Vacancies shall be posted in the Central Office, in each school building during the school year, and in the following as appropriate:

- boone.kyschools.us,
- Predetermined locations in the community,
- Social media, ~~and/or~~
- ~~Campus recruiting offices.~~

NOTE: Districts are required to post all certified vacancies on the Kentucky Department of Education's web site.

All postings at the local level shall be made within five (5) working days of each certified vacancy opening. The closing date for receiving applications shall be listed when vacancies are posted.

**CERTIFIED VACANCIES**

The Superintendent/designee shall submit the job posting to the statewide job posting system at least fifteen (15) days prior to filling the position. When such a vacancy needs to be filled in fewer than fifteen (15) days to prevent disruption of necessary instructional or support services, a waiver may be requested from the Commissioner of Education. If the waiver is approved, the appointment shall not be made until the person selected has been approved by the Commissioner of Education.

**APPLICATIONS**

Completed applications should be filed in the District's electronic application system and accompanied by transcripts and certificates, as appropriate.

All employment applications shall be submitted electronically.

**Hiring**

**SELECTION FACTORS**

The Superintendent/designee shall screen applicants based on the following factors:

1. Certification (when required for the position)
2. Educational background
3. Previous work experience
4. Recommendations
5. Personal dispositions exhibited during the interview process:
  - a. Ability to communicate
  - b. Ability to work cooperatively with others
  - c. Applicant's educational philosophy
  - d. Knowledge of work area or subject matter
6. Results from required testing

**EMPLOYMENT**

For SBDM schools, hiring shall follow statutory guidelines and the provisions of Policy 02.4244, and the Superintendent shall complete the hiring process. Decisions on Central Office and District-wide personnel shall be made by the Superintendent/designee. The Superintendent shall inform the Board of the appointment of all personnel.

**CONTRACT**

Personnel hired by the Superintendent shall be notified of their contractual obligations by letter. The contract must be signed and returned to the Personnel Office. If not returned the contract may be considered null and void.

PERSONNEL

- CERTIFIED PERSONNEL -

**Letter of Intent**

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

**FROM:** \_\_\_\_\_ Superintendent

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

**RE:** \_\_\_\_\_ LETTER OF INTENT FOR EMPLOYMENT: 20\_\_\_\_-20\_\_\_\_

If you desire continued employment by the Boone County Schools for the coming school year, please sign this form and return it to your Principal/Supervisor by \_\_\_\_\_. Your signature will indicate your request for continued employment.

I presently work at \_\_\_\_\_

My job title is \_\_\_\_\_

My rank will remain the same.

My rank will change to \_\_\_\_\_, and I will submit the completed appropriate documentation to EPSB by September 15<sup>th</sup>.

(Please check the address listed below. To make changes, see your office staff for a "Name/Change of Address" form, complete it and return it to Human Resources.)

**I intend to be employed by the Boone County School for the upcoming school year.**

\_\_\_\_\_  
*Employee's Signature* \_\_\_\_\_ *Date*

In the event you do NOT wish to be employed by the Boone County Schools during the upcoming school year, please submit an EMPLOYMENT RESIGNATION FORM to your Principal/Supervisor by \_\_\_\_\_. The sooner we are made aware of vacancies, the better able we are to plan for the coming school year.

I do not intend to be employed by the Boone County Schools for the coming school year. An **EMPLOYMENT RESIGNATION FORM is attached.**

\_\_\_\_\_  
*Employee's Signature* \_\_\_\_\_ *Date*

**The Boone County Board of Education provides equal employment and educational opportunities.**

**Leave Request Form and Statement**

**Leave Cards**

**Sick Leave Card** (see next page for statement that may be required)

Employee Number \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

\_\_\_\_\_ Signed \_\_\_\_\_

\_\_\_\_\_ Signature of Superintendent/Principal

\_\_\_\_\_ *Approving Leave as Requested*

**Personal Leave Card** (see next page for required statement)

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Date of Absence \_\_\_\_\_

\_\_\_\_\_

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

Authorized By: \_\_\_\_\_

\_\_\_\_\_ Signature of Superintendent/Principal

\_\_\_\_\_ *Approving Leave as Requested*

Date \_\_\_\_\_

**Leave Request Form and Statement**  
**Leave Cards**

**Emergency Leave Card** (see next page for required statement)

Name \_\_\_\_\_ Date \_\_\_\_\_

School or Department \_\_\_\_\_

Date of Absence \_\_\_\_\_

Nature of Emergency \_\_\_\_\_

I hereby apply for Emergency Leave in compliance with the provisions of KRS Section 161.152.

Signed \_\_\_\_\_

I recommend \_\_\_\_\_ do not recommend \_\_\_\_\_ this Emergency Leave be granted.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

*Approving Leave as Requested*

**Short Term Unpaid Leave of Absence Request (Five (5) or Fewer Days)**

Certified \_\_\_\_\_ Employee Number \_\_\_\_\_

Classified \_\_\_\_\_

At least thirty (30) days advance notice is required when the leave is "foreseeable".

Name \_\_\_\_\_

School/Department & Position \_\_\_\_\_

Must State Reason for Unpaid Leave \_\_\_\_\_

First date of unpaid leave \_\_\_\_\_ Last date of unpaid leave \_\_\_\_\_

**I will abide by Board Policies (03.12322, 03.123, 03.22322, 03.223) and all state and federal regulations governing leave of absence. I understand that if I have provided information that is not true, I may be subject to disciplinary action. I also understand that my retirement service credit and annual salary/pay increases may be affected.**

Employee Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

I recommend \_\_\_\_\_ do not recommend \_\_\_\_\_ this Unpaid Leave be granted.  
(If leave is NOT recommended, use back of card for explanation)

Substitute replacement needed \_\_\_\_\_ Reason for replacement \_\_\_\_\_

Principal/Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Leave Request Form and Statement**

**Leave Cards**

**Professional Development Leave**

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

Date \_\_\_\_\_

Conference/Meeting/Workshop Topic \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_ Employee Signature

**Flexible In-Service**

Teacher's Name \_\_\_\_\_

Name of Workshop \_\_\_\_\_

Presenter(s) \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Number of Hours \_\_\_\_\_

Location \_\_\_\_\_

Subject Area \_\_\_\_\_

Effectiveness of activity (circle): Low 1 2 3 4 5 High

Your Stage of Development as a result of this activity;

\_\_\_\_\_ Orientation/Awareness \_\_\_\_\_ Preparation/Application

\_\_\_\_\_ Implementation/Management \_\_\_\_\_ Refinement/Impact

Approval \_\_\_\_\_  
\_\_\_\_\_ Principal

**Leave Request Form and Statement**

**Leave Cards**

**Vacation Card**

Employee Number \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date(s) Requested \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

Authorized by \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Supervisor

\_\_\_\_\_  
Date

**Jury Duty**

Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Date of Absence \_\_\_\_\_

I hereby apply for Jury Duty Leave to serve in any constituted local, state or federal court in compliance with the provisions of KRS 161.153.

\_\_\_\_\_  
Employee Signature



**Leave Request Form and Statement**

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

**LEAVE STATEMENT  
(KRS 161.152, KRS 161.154, KRS 161.155)**

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

- Sick leave based on personal illness Date(s): \_\_\_\_\_
- Sick leave to attend to an immediate family member\* who was ill Date(s): \_\_\_\_\_
- Sick leave to mourn the death of an immediate family member\* Date(s): \_\_\_\_\_
- Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): \_\_\_\_\_
- Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236
- Bereavement  Disasters  Court /Legal
- Other, specify: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Date

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

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

[DRAFT TO RESCIND 6/4/24](#)

PERSONNEL

- CLASSIFIED PERSONNEL -

03.21 AP.26

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**Letter of Intent**

~~See existing Procedure 03.11 AP.26 for Letter of Intent.~~

**RELATED PROCEDURE:**

03.11 AP.26

PERSONNEL

[DRAFT TO RESCIND 6/4/24](#)

03.223 AP.2

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**Leave Request Form and Statement**

~~See Procedure 03.123 AP.2/Leave Request Form and Statement.~~

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**Request for Alterations to Buildings and Grounds**

Any change or modification to be made in the landscape of school grounds, construction of driveways or roads across such grounds: renovation of the school buildings or the alteration of any part thereof, of the construction of buildings, playing fields, tennis courts, or the erection of lighting systems for such fields or courts shall be done only after the approval of the project by the Board and appropriate state agencies.

School: _____
Principal: _____
Project: _____
Date Submitted: _____

Describe the project you are proposing:

Cost of Project:	Funding Source (required):
------------------	----------------------------

Alteration requests being funded by grant funds must include approval documentation from the grant administrator.

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**RETURN THIS FORM TO THE DEPARTMENT OF OPERATIONS**

Regardless of source of funds (booster organization, parent organizations, donations, etc.) all alterations must be approved.

**DISTRICT OFFICE USE ONLY**

Approved By \_\_\_\_\_ Date \_\_\_\_\_

**Fuel and Equipment**

**PURCHASING FUEL AND PARTS**

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

**PROCEDURES FOR ACQUIRING**

Drivers will fuel their buses at the Board's fuel pump(s), as designated. Drivers are required to check all fuel levels daily and are responsible for putting fuel into their buses.

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

**REPLACEMENT OF PARTS**

All replacement of parts will be done by a mechanic.

**EMERGENCY PROCEDURES**

In case of mechanical trouble, the driver will call (or radio) the bus garage or the Director of Transportation/Central Office designee for instructions.

**OUT-OF-DISTRICT TRIPS**

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

**RELATED PROCEDURES:**

- 03.125 AP.21
- 03.125 AP.22
- 04.31 AP.2
- 04.32 AP.1
- 06.13 AP.2

### Accidents

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

1. Set the parking brake.
2. Turn off ignition, turn to accessory, and press the emergency button on radio ~~and remove the keys.~~
3. Remain calm and reassure the pupils.
4. Use emergency reflectors to “protect the scene,” as appropriate.
5. Unless the bus is on a railroad track or is in danger of another collision, do not move the vehicles involved until law officers advise you to do so.
6. Check for injury to pupils. If there is an injury, proceed as follows:
  - a) Move the person from danger and give first aid. Caution must be observed if neck or back injury is indicated.
  - b) If the injuries appear to be serious, call an ambulance.
7. If there is no radio/telephone readily available, driver may use cell phone to call for assistance. If cell service is not available, the driver may use a passerby motorist or utilize a nearby resident for assistance.
8. Keep all pupils on the bus unless there is a fire/possibility of a fire or the vehicle is in danger of further collision.
9. Account for all pupils.
10. Notify school administrators and appropriate law enforcement agency of the location and nature of the accident. In reporting the accident, give the following information:
  - a) The exact location of the bus,
  - b) If another bus is needed to transport students, and/or
  - c) If a wrecker is needed.
11. Do not discuss the facts of the accident with anyone except the investigating officer and school officials.
12. When authorized to do so, continue the transportation of the pupils by: (1) the present bus or (2) a substitute bus, if the present bus is inoperable.
13. Fill out an accident report and file it with the Director of Transportation on the day of the accident. Failure to do this constitutes negligence on the part of the driver.
14. If the representative of another insurance company or an attorney representing the other party involved visits the driver and requests a statement either written or verbal, the driver shall refuse. The driver should tell the party that s/he has filed the accident report with the Director of Transportation and that the party will have to see the Director or the Board's insurance agent. (This is very important in settling claims.)

**Accidents**

15. Collect the names, addresses, driver's license numbers, tag numbers, and insurance information of all persons involved in the accident. It is very important to get the names and addresses of any witnesses to the accident.
16. If any witnesses are present, provide their names to the responding law enforcement or transportation department supervisor.
17. Driver will submit to a drug test.

### Use of Communication Devices on Bus

#### **RADIOS/CELL PHONES PLACED IN BUS**

NOTE: Phones shall only be used in instances where radios can no longer send or receive a signal to the District.

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

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

#### **RESTRICTIONS WHILE OPERATING**

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

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

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



### **Performance-Based Credit**

The District shall award standards-based, performance-based credits for high school subjects to be applied toward graduation. Credit shall be awarded for:

- Standards-based course work that constitutes satisfactory demonstration of learning in any high school course approved for performance-based credit, consistent with Kentucky Administrative Regulation;
- Standards-based course work that constitutes satisfactory demonstration of learning in a course for which the student failed to earn credit when the course was taken previously;
- Standards-based online or other technology mediated courses;
- Standards-based dual credit or other equivalency courses; and
- Standards-based internship, cooperative learning experience, or other supervised experience in the school and the community.

Students requesting performance-based credit to apply toward graduation shall make application to the Principal/designee.

#### **COURSE DESCRIPTION AND ASSESSMENT**

Performance-based course descriptions shall be developed by teachers in areas for which they are certified and reflect needs indicated in the student's Individual Learning Plan (ILP). The content standards of performance-based courses shall be documented to align with the Kentucky Summative Assessment, Kentucky Academic Standards, and Kentucky Academic Expectations.

#### **WORK-BASED LEARNING**

Work-based learning experiences provided by the District shall be conducted consistent with provisions of the Kentucky Department of Education's Work-Based Learning Manual. Prior to a student being assigned to a work-based learning experience, a Work-Based Learning Agreement/Plan shall be completed for the student by the school.

#### **COUNCIL RESPONSIBILITY**

Performance-based credits will only be accepted by the Board if previously approved by the high school SBDM Council. It is also the responsibility of the high school SBDM Council to determine the appropriateness of content and courses for performance-based credit. The council shall determine what information must be submitted. Required information may include, but is not limited to the following:

- A description of the proposed course;
- Proposed assessment method(s) (e.g., performance tasks, open-response questions, descriptions of expected products);
- How proficiency will be determined;
- Sample papers, projects or other products that would represent work deserving of credit; and
- Proposed check points to track progress.

**Performance-Based Credit**

**COUNCIL RESPONSIBILITY (CONTINUED)**

The Council may determine whether the teacher must request additional authorization when a previously approved course must be revised (description, assessment, proficiency determination, checkpoints, etc.).

**Parent Agreement Letter for Home/Hospital Instruction**

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

Dear Parent:

\_\_\_\_\_ a student at \_\_\_\_\_  
*Student's Name* *Name of School*

has met the requirements for the Home/Hospital Instruction Program. There are several ways in which you can assist us in continuing the education of your child during his/her illness.

1. A responsible adult must be present in the home room during the Home/Hospital Teacher's visit.
2. The Home/Hospital Teacher meets with the student a minimum of one hour on two (2) school days per every five (5) school days for individualized instruction. Absences are unexcused unless pre-arranged and the time rescheduled with the Home/Hospital Teacher during that same five (5) school day period.
3. A student with a communicable disease, as verified by a health professional, shall be eligible for Home/Hospital Instruction. However, should the student's condition pose a serious health threat to the Home/Hospital Teacher, the student may receive alternate instruction such as correspondence, virtual instruction~~computer-assisted instruction~~, or video during the period of contagion.
4. We (I) will check with our child or youth regarding completion of required daily assignments in order to be ready for instruction at the next designated time.
5. We (I) will provide a suitable work-study area where student and teacher can work with no interruption (for example: cell phone~~tape player~~, and TV turned off). The area will be clean, neat, and free from household traffic. Adequate lighting will be present in the workspace.
6. Other children, visitors, or pets will be kept out of the room so that the teacher will have the student's full attention.
7. We (I) will arrange for the child or youth to have sufficient rest and to be ready for work when the teacher arrives at the home.
8. We (I) will complete the Application for Home/Hospital Instruction, including release of medical information to school officials.
9. In addition to the scheduled weekly home/hospital instruction, our child or youth will work independently to complete assignments.
10. We (I) understand that my child may not work, participate in athletics or extra-curricular activities while participating in Home/Hospital Instruction.
11. When our child or youth is ready for school reentry, we will notify the Principal and present a release from the health professional.

*We (I) agree to abide by the above requirements and grant permission for this child to receive home/hospital instruction.*

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

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

Copy to Student Services

The Boone County Board does not discriminate on the basis of age, color, disability, race, ~~color~~, national origin, ~~age~~, religion, sex (including sexual orientation or gender identity) or marital/veteran status; ~~gender or disability~~.



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**Home/Hospital Teacher's Request to ~~General~~Regular Classroom Teacher**

TEACHER(S): \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_ CLASS/SUBJECT \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

To promote a smooth transition from your classroom to home/hospital instruction and back, I request your assistance in organizing instruction for the time this student is assigned to the Home/Hospital Instruction Program. Please provide me with a summary of the material you intend to cover during this time period with this completed form attached. If you have any tests, worksheets, homework, or other materials you would like for me to use, please leave them in \_\_\_\_\_.

Please put the student's name on all correspondence.

(I will work collaboratively with you throughout the time \_\_\_\_\_ is on home instruction regarding classwork and grade reporting.)

Thank you,

Home/Hospital Instructor

**INSTRUCTIONS:**

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

\_\_\_\_\_  
*Regular Classroom Teacher's Signature* \_\_\_\_\_ *Date*

**COPY TO STUDENT SERVICES**

The Boone County Board does not discriminate on the basis of ~~age, color, disability,~~ race, ~~color,~~ national origin, ~~age,~~ religion, ~~sex (including sexual orientation or gender identity) or marital/veteran status,~~ ~~gender or disability.~~

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**Acceptable Technology Use Policy Acknowledgement**

**PARENTS AND STUDENTS**

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Parent and Students will acknowledge their understanding of the guidelines outlined in the District's Acceptable Use Policy by annually signing the form provided in the Code of Acceptable Behavior and Discipline.

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**EMPLOYEE**

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Employees will acknowledge their understanding of the guidelines outlined in the District's Acceptable Use Policy by signing the form provided in the employee onboarding packet upon initial hire. Additionally, employees will be notified annually of the Acceptable Technology Use Policy.

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**This form must be signed by the child and each parent/guardian.**

**If a District employee, please sign at the bottom.**

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

As the parent(s) or guardian(s) of \_\_\_\_\_, we have read and discussed the Acceptable Technology Use Policy with our child.

We understand the rights/responsibilities to convey to our child the importance of using the technology resources responsibly. We also agree to abide and support these rules including our use of the Infinite Campus Parent/Guardian Portal.

\_\_\_\_\_  
Parent/Guardian #1 Printed Name      Parent/Guardian #1 Signature      Date

\_\_\_\_\_  
Parent/Guardian #2 Printed Name      Parent/Guardian #2 Signature      Date

\_\_\_\_\_  
Student Printed Name      Student Signature      Date

**DISTRICT EMPLOYEES ONLY**

I have read and understood the guidelines outlined in the Boone County Schools Acceptable Use Policy.

\_\_\_\_\_  
Employee Printed Name      Employee Signature      Date

DRAFT 6/13/24

STUDENTS

09.11 AP.21

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**School Attendance ~~Zones~~ Boundaries/Areas - Maximum Class Size**

**REQUEST BY RESIDENT FOR CHANGE IN SCHOOL ASSIGNMENT**

Students living within the District will not be permitted to enroll in a school outside their geographic attendance ~~boundary zone~~/area if the class in which they would enroll meets or exceeds the maximum class size, or the school exceeds student capacity per the District facility plan.

**HOMELESS YOUTH AND FOSTER CHILDREN**

Assignment to attendance ~~boundaries zones~~ shall be subject to modification when federal law applicable to students placed in foster care or students who are homeless requires that such students be educated in a "school of origin" that differs from the assigned attendance area.

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STUDENTS

09.11 AP.22

**Employee Child Change in School Assignment/Nonresident Application**

Boone County Schools  
8330 US 42  
Florence, KY 41042  
(859) 282-3325

In accordance with District Board Policy 09.11, and to ensure your child's enrollment in the Boone County School District for the upcoming school year, ~~a signed copy of this application must be received at the above address no later than August 1.~~ [The online Employee Child Change application must be completed between November 15<sup>th</sup> and January 15<sup>th</sup>.](#) [The Employee Child Change application can be found on the District website under "for staff".](#) Regular employees working a **minimum of twenty (20) hours per week** for a contract year (not including substitutes and extra duty positions), shall have the option of enrolling their children in the District school of their choice, provided: the class size maximum is not exceeded. Employees who live out of state are not eligible. **A new application is only required when students enter any school initially or when moving from elementary school to middle school and middle school to high school.**

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1. Date Application Filed \_\_\_\_\_
2. Full Name of Student \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Grade Level of Student for Upcoming School Year \_\_\_\_\_  
School Requested for Upcoming School Year \_\_\_\_\_
5. School Name & District you Currently Reside In \_\_\_\_\_
6. Name of Parent(s)/Guardian(s) \_\_\_\_\_
7. Address of Residence \_\_\_\_\_
8. Home Phone \_\_\_\_\_
9. Does the Student Currently Have an IEP or 504 Plan:  Yes  No
10. School or Job Location of Employee \_\_\_\_\_
11. Job Position/Title \_\_\_\_\_
12. Direct Supervisor/Principal \_\_\_\_\_
13. If approved for change in assignment/non-resident attendance, this application becomes a non-resident contract and subject to the following guidelines:
  - a. Student must be making academic progress towards promotion (determined by Principal)
  - b. Student must comply with District and School Code of Conduct (determined by Principal)
  - c. Student must not be an attendance problem (determined by Principal)
  - d. Athletic eligibility is to be determined by KHSAA guidelines by School Athletic Director
  - e. Parent must provide transportation
  - f. Parents must submit a new application at each level (elementary, middle, and high school).

I hereby acknowledge that my child's continued school assignment is contingent upon compliance with Section 13 above.

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

Approved \_\_\_\_\_ Date \_\_\_\_\_

Denied \_\_\_\_\_ Date \_\_\_\_\_

CC: Parent/Guardian \_\_\_\_\_  
Receiving Principal \_\_\_\_\_  
Non-Receiving Principal \_\_\_\_\_



## **Student Enrollment and Homeless/Immigration Status**

### **IMMIGRANT STATUS**

The Principal/designee shall notify school staff that a student's right to enrollment does not depend on his/her or the parent/guardian's immigration status.

School personnel should not engage in any practice that would inhibit or discourage an unauthorized alien student or any other student from attending.

### **HOMELESS STUDENTS AND UNACCOMPANIED YOUTH**

The term "homeless" shall refer to children and youths who lack a fixed, regular and adequate nighttime residence and includes those that are:

1. Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason;
2. Living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations;
3. Living in emergency or transitional shelters;
4. Abandoned in hospitals;
5. Residing in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
6. Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and/or
7. Migratory children who are living in the previously described circumstances.

### **GUIDELINES FOR ENROLLMENT**

1. In general, only minimal information, such as name and age, can be required to enroll any student in school.
2. Types of reliable proof of a student's identity and age may include, but are not limited to:
  - Passport
  - Military identification or immigration card
  - Baptismal certificate
  - Copy of the record of baptism that has been notarized or duly certified and reflects the date of the student's birth
  - Any religious record authorized by a religious official
  - Recording of the student's name and birth in a family Bible or other religious text
  - Notarized statement from the parents or another relative or guardian as to the date of the student's birth
  - Prior school record indicating the date of the student's birth
  - Driver's license or learner's permit
  - Adoption record
  - Affidavit of identity and age
  - Any government document or court record reflecting the date of the student's birth

**Student Enrollment and Homeless/Immigration Status****GUIDELINES FOR ENROLLMENT (CONTINUED)**

- Oral proof when the native language of a parent or guardian is not a written language.
- 3. A student's exact date of birth (month, day and year) is not required for initial enrollment.
- 4. When a student is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs and street outreach programs may offer proof of age and identity of a student for initial enrollment purposes.
- 5. The District homeless student liaison shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain essential records that are not in existence and immediately place the student in appropriate programs.
- 6. To the extent possible, the District homeless student liaison shall attempt to provide required notices to non-English speaking parents via written language understandable to the general public and in the native language or other mode of communication of the parent with documentation of the attempt. If the native language of the parent is not a written language, the liaison should take steps to ensure that the notice is translated orally or by other means so that the parent understands the content of the notice and that there is written evidence of the translation to the extent possible with documentation of the attempt.

**CHILDREN IN FOSTER CARE**

The foster care liaison may also be the homeless education liaison. The foster care liaison's responsibilities shall be to ensure that:

1. The child in foster care remains in his or her school of origin, unless it is determined that remaining in the school of origin is not in that child's best interest;
2. If it is not in the child's best interest to stay in his or her school of origin, the child is immediately enrolled in the new school even if the child is unable to produce records normally required for enrollment; and
3. That the new (enrolling) school immediately contacts the school of origin to obtain relevant academic and other records.

**DISTRICT FORM**

~~Please refer to Procedure 09.224 AP.21 for a copy of the District's enrollment and emergency information form.~~

STUDENTS

DRAFT 6/13/24

09.12 AP.22

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### **Nonresident Student Enrollment**

#### **NONRESIDENT TRANSFERS**

Those nonresident pupils requesting enrollment in a school in this District for the first time shall follow these procedures:

1. Complete the District school's online registration forms, which must be signed by the parent/guardian(s).
2. Nonresident pupils will only be enrolled when they can be assigned to classes where the enrollment is below the allowable maximum, or the school does not exceed student capacity as determined by the District facility plan.
3. A student expelled from his/her previous school during the last school year will have his/her records and experiences reviewed before permission is granted for enrollment by the Director of Pupil Personnel (DPP)/designee.
4. When the number of nonresident students must be limited due to enrollment capacity, students of District employees will have priority over new applicants.
5. Nonresident pupils may be enrolled in the District's schools in accordance with Board policies 09.1222, and 09.124.
6. The decision of the School Choice and Transition Coordinator in granting enrollment of nonresident pupils may be appealed to the DPP/designee. If the decision of the DPP/designee is not satisfactory, an appeal may be made to the Superintendent/designee. The decision of the Superintendent/designee shall be final.

#### **RELATED POLICIES:**

09.12 (all procedures)

09.1222; 09.124 (all procedures)

STUDENTS

09.12 AP.23

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**Notice of Expulsion/Conviction**

In compliance with the Board policy requirements explained below, I swear or affirm that I am the parent/legal guardian of \_\_\_\_\_, who was expelled and/or adjudicated guilty/convicted as noted below.

*Student's Name*

Date Enrollment Requested: \_\_\_\_\_

Board policy requires that parents, guardians, Principal, or other persons or agencies responsible for a child complete the following section for a student who has previously been expelled from a public or private school in this or another state or who has been adjudicated guilty/convicted of crimes. This form must be sent to the receiving school within five (5) working days of the time when the student requests enrollment in the new school.

**Check the reason(s) that apply:**

- Homicide
- Assault
- Sex offense
- Violation of Law Relating to Weapons
- Violation of School Regulation Relating to Weapons
- Violation of Law Relating to Alcohol
- Violation of Law Relating to Drugs
- Violation of School Regulation Relating to Alcohol
- Violation of School Regulation Relating to Drugs
- Any violent offense that resulted in death or serious physical injury to victim

My child was expelled from: \_\_\_\_\_ in \_\_\_\_\_  
 \_\_\_\_\_ *Name of School* \_\_\_\_\_ *City*  
 \_\_\_\_\_  
 \_\_\_\_\_ *County* \_\_\_\_\_ *State*

The facts of any expulsion or adjudication/conviction are as follows (attach separate sheet if needed):

*I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete.*

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

\_\_\_\_\_  
*Witness's Signature* \_\_\_\_\_ *Date*



### **Entrance Age**

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

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

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

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

#### **PRINCIPALS TO REPORT**

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

STUDENTS

DRAFT 6/13/24

09.14 AP.23

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**Request for Student Records**

I, \_\_\_\_\_, request and authorize the release of school records for \_\_\_\_\_ to the Boone County Board of Education from \_\_\_\_\_ School.

Former School's Phone Number: \_\_\_\_\_

Former School's FAX Number: \_\_\_\_\_

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

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

Parent/Guardian's or Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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The following records are requested:

- Date of Withdrawal
- Individual Learning Plan (6-12)
- Withdrawal Grades
- Social Security Card
- Official Transcript
- Birth Certificate
- Assessment Data
- Health Records (Immunizations /Physical)
- Attendance Records
- Discipline (including suspension & expulsion)
- Special Education Records (IEP)
- Other

These records should be sent to the following address:

\_\_\_\_\_  
*(Present School)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*

\_\_\_\_\_  
**Principal/Designee's Signature**

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

\_\_\_\_\_

**Request for Educational Records**

**THIS FORM IS TO BE USED BY THE SCHOOL OF CURRENT ATTENDANCE TO REQUEST EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.**

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(School Last Attended)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*

Please send the educational records of the following student(s):

\_\_\_\_\_  
*(Student Name)* \_\_\_\_\_ *(Grade)* \_\_\_\_\_ *(Birthdate)*

\_\_\_\_\_  
*(Student Name)* \_\_\_\_\_ *(Grade)* \_\_\_\_\_ *(Birthdate)*

\_\_\_\_\_  
*(Student Name)* \_\_\_\_\_ *(Grade)* \_\_\_\_\_ *(Birthdate)*

Please include disciplinary records with regards to suspension and expulsion.

These records should be sent to the following address:

\_\_\_\_\_  
*(Present School)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State, ZIP)*

\_\_\_\_\_  
**Principal/Designee's Signature**

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

RELATED PROCEDURE:

09.14 AP.231



STUDENTS

DRAFT 6/13/24

09.14 AP.24

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**Release/Inspection of Student Records  
TO THIRD PARTY**

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

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

The \_\_\_\_\_ Schools are hereby authorized to:

- Release or copy
- Permit the inspection of

the records listed below for \_\_\_\_\_, who was born on

Student's Name

\_\_\_\_\_. The individual or agency to whom this information is to be released is \_\_\_\_\_.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

<u>RECORDS (including electronic)</u>	<u>PURPOSE</u>
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records only	
<input type="checkbox"/> Other: _____	

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

- I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials \_\_\_\_\_)
- I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials \_\_\_\_\_)

\_\_\_\_\_  
*Signature of Parent/Guardian or Individual Acting as Parent under FERPA\** *Date*

\_\_\_\_\_  
*Signature of Student, 18 or Older or Attending Post-secondary Institution* *Date*

\*Living in the student's home in the absence of the parent on a day-to-day basis

**Parental Consent for Record Release**

**TO THIRD PARTY**

To Principal of \_\_\_\_\_  
 \_\_\_\_\_ Name of School  
 \_\_\_\_\_ Address  
 \_\_\_\_\_ City, State, Zip

I am the parent/legal guardian of \_\_\_\_\_  
 \_\_\_\_\_ Name of Student \_\_\_\_\_ DOB

**You are hereby authorized to:**

Release the checked information  Release all information

- |  |  |
|--|--|
| <input type="checkbox"/> Cumulative records  | <input type="checkbox"/> Gifted File   |
| <input type="checkbox"/> General identifying data (Name, Address, DOB, Grade Level Completed, Grades, Class Standing, Attendance Record) | <input type="checkbox"/> Title I File  |
| <input type="checkbox"/> Standardized Achievement and Aptitude Test Scores   | <input type="checkbox"/> ESS File  |
| <input type="checkbox"/> Medical/Health Records  | <input type="checkbox"/> Limited English Proficiency/English as Second Language File |
| <input type="checkbox"/> Special Education Records   | <input type="checkbox"/> Record of Extra-Curricular Activities                       |
| <input type="checkbox"/> Other (specify) _____   |  |

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

- I authorize on-going release of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials \_\_\_\_\_)
- I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials \_\_\_\_\_)

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

STUDENTS \_\_\_\_\_

09.14 AP.24  
(CONTINUED)

**Parental Consent for Record Release**

TO THIRD PARTY

The purpose for this request is:

Transfer to school due to change in residence

Other Specify \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian or Individual Acting as Parent under FERPA\** \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Address* \_\_\_\_\_ *City*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature of Student, 18 or Older or Attending Post-secondary Institution* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Address* \_\_\_\_\_ *City*

\_\_\_\_\_  
*Phone Number*

*\* Living in the student's home in the absence of the parent on a day-to-day basis*

**Request for Release of Student Records to Third Party**

**THIS RECORDS REQUEST/CONSENT FORM IS TO BE USED WHEN PERSONS OR AGENCIES NOT LISTED IN POLICY 09.14 REQUEST A COPY OF STUDENT RECORDS.**

Dear Parent or Eligible/Emancipated Student:

We have received a request from \_\_\_\_\_  
*Name of Requesting Individual or Agency*  
for a copy of or access to the school record of \_\_\_\_\_  
*Student's Name*

Any person inspecting, reviewing, or receiving copies of student records under the authority of the Family Educational Rights and Privacy Act of 1974 is cautioned that the Act provides that "personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents of the student or the eligible student."

**THE DISTRICT SHALL INFORM THIRD PARTIES OF THE 5-YEAR PENALTY FOR REDISCLOSING EDUCATION RECORDS WITHOUT PARENTAL CONSENT.**

\*\*\*\*\*

The above requesting individual or agency may have a copy of or access to the school record of \_\_\_\_\_  
*Student's Name*

If you are willing for us to comply with this request, please check the records (including electronic) you approve for access/copying and sign, date and return this release to us.

- Official administrative record (name, address, birth date, grade level completed, grades, class standing, attendance record)
- Standardized achievement test scores
- Intelligence and aptitude test scores
- Personality and interest test scores
- Teacher and counselor observations and ratings
- Record of extracurricular activities
- Family background data
- Health/immunization records
- Special education records
- No restrictions

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

STUDENTS \_\_\_\_\_

09.14 AP.24

(CONTINUED)

**Request for Release of Student Records to Third Party**

- I authorize on-going release of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials \_\_\_\_\_)
- I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials \_\_\_\_\_)

\_\_\_\_\_  
*Signature of Parent/Guardian or Individual Acting as Parent under FERPA\** \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Eligible/Emancipated Student or Attending Post-secondary Institution* \_\_\_\_\_ *Date*

*\* Living in the student's home in the absence of the parent on a day-to-day basis*

\_\_\_\_\_  
*Superintendent/designee's Signature* \_\_\_\_\_ *Date*

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**Release of Records to State Child Welfare Agency**

In order to facilitate the proper transfer, enrollment and educational placement of a child placed in foster care, authorized representatives of a child welfare agency (Cabinet for Health and Family Services) who must be authorized to access the child's case plan may be granted access to student records without parental consent if such agency presents to the District an official court order placing the student whose records are requested under the care and protection of said agency. This form provides access to student records that may be granted on a confidential basis to a child-caring facility or child-placing agency case manager for the same purposes where Cabinet officials with authorized access as stated above certify in writing that such persons or entities are acting in a representative capacity for the Cabinet, are responsible for care of the child, and are authorized to access the child's case plan. Any persons/agencies receiving access to education records as provided above are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational needs. All applicable information in the below form must be provided/completed.

On behalf of the \_\_\_\_\_ (agency), I am requesting access to and/or release of information in the educational records of the following student enrolled in the District.

Name of Student \_\_\_\_\_ School \_\_\_\_\_

**SPECIFIC INFORMATION REQUESTED**

- All cumulative records  Attendance record only
- Grade records only  Standardized test data only
- Other: \_\_\_\_\_

I understand that I and my agency are prohibited by federal law from releasing a child's education records to any individual or entity, except for those at my agency engaged in addressing that child's educational needs.

I also understand that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

By virtue of my signature, I certify:

- I am a representative/caseworker for the following state child welfare agency: \_\_\_\_\_
- This agency is responsible under state law for care and protection of the student as provided in the court order referenced below;
- A case plan for the student has been established or is in process for the student, and
- As representative/caseworker I have the right to access such case plan.

**CONTACT INFORMATION**

Signature of Requesting Individual \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Release of Records to State Child Welfare Agency**

**CERTIFICATION REGARDING CHILD CARING OR PLACING AGENCIES (IF APPLICABLE)**

On behalf of the Cabinet, I additionally confirm that the following individuals/agencies are serving the child as representatives of the Cabinet, are responsible for the care of the child, are authorized to access the child's agency case plan and that access to educational records as checked above is necessary in order to facilitate the transfer, enrollment and educational placement of the child.

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

(on behalf of the Kentucky Cabinet for Health and Family Services)

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

Contact Information: \_\_\_\_\_  
Telephone/Address/Email Address

Child-caring facility \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_  
Telephone/Address/Email Address

Child placing facility case manager \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_  
Telephone/Address/Email Address

Persons/agencies receiving access to education records as signing above acknowledge they are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational need and that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

**(THE SECTION BELOW TO BE COMPLETED BY DISTRICT RECORDS CUSTODIAN/DESIGNEE)**

The District has an attested or certified original court order placing the student whose records are released under the care and protection of the requesting agency which order is still in effect.

The requesting individual presented appropriate credentials and identification.

Payment has been made for any copies requested.

The requesting individual was notified of the following on \_\_\_\_\_ (date):

- The request was  approved  not approved.
- If approved, the records will be available on \_\_\_\_\_ (date).

Signature of Records Custodian/Designee \_\_\_\_\_ Date \_\_\_\_\_

**Notice of Transfer of Student Records**

**THIS FORM IS TO BE SENT TO THE PARENT OR ELIGIBLE STUDENT WHEN THE STUDENT'S RECORDS ARE TRANSFERRED TO A REQUESTING ORGANIZATION WITH A LEGITIMATE EDUCATIONAL INTEREST.**

\_\_\_\_\_  
\_\_\_\_\_  
*(Date)*

Dear Parent/Eligible Student:

We have determined that the following organization has a legitimate educational interest in the student's records and, therefore, is entitled to receive educational data without the consent of parents or eligible students. You are hereby notified of the pending transfer of the education records of

\_\_\_\_\_ from \_\_\_\_\_  
*Student's Name* *Current Location*

to \_\_\_\_\_  
*Name of School or Authorized Organization*

in \_\_\_\_\_  
*Address of School or Authorized Organization*

On receipt of your written request, the District will provide you with a copy of the records that were disclosed.

If applicable, student records may be withheld pending an expulsion hearing, pursuant to KRS 158.150 and KRS 158.155. Upon receiving a request for student records, a copy of this letter shall be forwarded to the receiving school district.

Sincerely yours,

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

\_\_\_\_\_  
\_\_\_\_\_  
*School*

**RELATED PROCEDURE:**

09.14 AP.23

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



**Permission to Videotape/Photograph/Publish**

**PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.**

**Dear Parent/Guardian:**

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for staff/student evaluative, educational, or public awareness or fund-raising purposes. Such videotapes or photographs may be viewed by peers, faculty, or administrators. On special occasions such as a videotape or photograph of a class or school play or of an academic or athletic event, the film or photograph may be viewed by a general audience including publication on the school and/or District Web site and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school. Although we will make efforts to comply with your request, bear in mind that we cannot monitor all adults at all times, especially during the special occasions when other parents may take pictures or may tape the event.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of \_\_\_\_\_, I/we give the Boone County School District permission to release my/our child's name, photograph, work, and/or audio/video reproduction for publication concerning school functions and activities including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print.) \_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
Principal/Designee's Signature Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

## Student Fees

### SCHEDULE APPROVED ANNUALLY

If student fees are charged, a schedule of fees shall be reviewed and approved annually by the Board. The approved schedule shall be published in student handbooks or other written notice, as appropriate.

### NO CHILD DENIED

Students will not be denied access to any educational program due to an inability to pay a fee, purchase school supplies, or rent or purchase instructional resources.

### PRINCIPAL'S RESPONSIBILITY

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

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

\*If a school or District participates in the Community Eligibility Provision (CEP) meal program, the Principal shall use the Household Income Form (HIF) to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.

[After July 1, each year, parents may complete the Household Income Form \(HIF\) located through the online student information registration system.](#)

### SBDM

~~In SBDM schools, councils shall provide free supplies and/or instructional resources from funds allocated to the school.~~



~~STUDENTS~~

~~09.15 AP.21~~

~~(CONTINUED)~~

**Application for Waiver of Fees**

~~2. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?~~

~~• School administrators~~

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

~~• Failure to sign this consent statement will not affect your child's eligibility or participation for the program.~~

~~• The recipient will be required to maintain confidentiality of the information.~~

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

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

~~Parent/Guardian's Signature~~

~~Date~~

~~APPLICATION  APPROVED  DENIED \_\_\_\_\_~~

~~Central Office Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_~~

STUDENTS

DRAFT 7/2/24

09.22 AP.22

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**Request for Student Health Services and Procedures**

(NON-MEDICATION NEEDS ONLY)

The District provides health services to students so that their attendance and/or school-related program participation is not interrupted.

If your child requires a specific health service or procedure, please obtain the information below from your child's physician/health care provider and return this completed form to:

\_\_\_\_\_  
Please be advised that District personnel will review the information provided for possible Section 504 or IDEA service considerations.

<u>Student Name:</u>		<u>Date of Birth:</u>	
<u>Student's School:</u>	<u>Grade :</u>	<u>School Year:</u>	
<u>Type of procedure:</u>			
<u>Reason for procedure:</u>			
<u>Order for Procedure (include instructions and schedule)</u>			
<u>Precautions</u>			

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Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

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

My signature below indicates that I understand that an RN/LPN or trained unlicensed personnel (per 201 KAR 20:400) will perform the procedure according to the physician's order and district protocols.

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

STUDENTS \_\_\_\_\_ 09.22 AP.22  
\_\_\_\_\_  
(CONTINUED)

**Request for Student Health Services and Procedures**

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

STUDENT'S SCHOOL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
*Parent/Guardian or Student 18 or Older Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER:**

Duration of service/procedure:  \_\_\_\_\_ school year  until treatment is changed.

Describe the service/procedure in detail and include any specific instructions. (Please use the back of this form if needed, and sign at the end of your additional comments.) \_\_\_\_\_

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

Times to be administered: \_\_\_\_\_

\_\_\_\_\_  
*Physician/Health Care Provider Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_  
*Physician/Health Care Provider Address* \_\_\_\_\_ *Date* \_\_\_\_\_

**TO ASSURE COMPLIANCE WITH HIPAA REQUIREMENTS, SUBMIT THE ATTACHED "REQUEST FOR PROTECTED HEALTH INFORMATION" FORM TO YOUR HEALTH CARE PROVIDER OR USE THE HIPAA FORM REQUIRED BY THAT PROVIDER.**

**RELATED PROCEDURES:**

03.111 AP.21; 09.2241 (all medication-related procedures)

**Student Enrollment/Emergency Information Form****Office Use Only**

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

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

Teacher: \_\_\_\_\_

Legal Name of Student (Please Print) \_\_\_\_\_  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle)Suffix \_\_\_\_\_  
 \_\_\_\_\_ (Jr., III, etc.)Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female SS# (Optional) \_\_\_\_\_

Birthplace: (Country) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Student Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_(Check only if applicable\*)  Shelter  Motel  House or apartment shared with friends or family members Friends/Family member (other than parent/guardian)***\*If applicable, please complete a Residency Questionnaire (704 KAR 7:090)***Student Mailing Address: (if different) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_  
 \_\_\_\_\_ (Street or PO Box and Apt. #)Ethnicity: Is your child Hispanic/Latino  Yes  NoRace: ***(Check all that apply)*** White  Black or African American  Asian  Native Hawaiian or other Pacific IslanderLast School Attended: \_\_\_\_\_ Kentucky School:  Yes  No

Last Date Attended: \_\_\_\_\_ School Telephone #: (\_\_\_\_) \_\_\_\_\_

School Address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Prior Boone County Schools attended and years: \_\_\_\_\_

**Student Enrollment/Emergency Information Form****Parents/Guardians Living in Same Household as Student**

Legal Name: _____ Suffix: _____ _____ (Last) _____ (First) _____ (M.I.) Relationship to Student: _____ Phone: Home ( ) _____ Work: ( ) _____ Cell Phone: ( ) _____ E-Mail: _____	Legal Name: _____ Suffix: _____ _____ (Last) _____ (First) _____ (M.I.) Relationship to Student: _____ Phone: Home ( ) _____ Work: ( ) _____ Cell Phone: ( ) _____ E-Mail: _____
<b>Siblings Living in Same Household as Student</b>	
Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____	Legal Name: _____ Suffix: _____ Birth Date _____ Sex: _____ Grade: _____ Name of Boone County School: _____
<b>Parents/Guardians Living at an Address Different from Student</b>	
Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? (A copy of the court order MUST be provided to the school.)	Does this parent/guardian have joint custody? _____ Should this parent/guardian receive school information? _____ Is this person legally restricted access to this student? (A copy of the court order MUST be provided to the school.)
Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home ( ) _____ Work: ( ) _____ Cell Phone: ( ) _____ E-Mail: _____	Legal Name: _____ Suffix: _____ Relationship to Student: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: Home ( ) _____ Work: ( ) _____ Cell Phone: ( ) _____ E-Mail: _____



**Student Enrollment/Emergency Information Form**

**SPECIAL SERVICES**

Does this student have special needs, or receive special education services?  Yes  No

Does this student have a 504 plan?  Yes  No Does this student receive Title I services?  Yes  No

Does this student receive service for speech?  Yes  No

Has this student been formally identified as Gifted/Talented?  Yes  No

**TRANSPORTATION**

Primary Transportation to School (check all that applies):  Car Rider  Walker  School Bus Bus #: \_\_\_\_\_  
 \_\_\_\_\_  
 (assigned by school district staff)

Transportation by BCS:

A.M.  P.M.  Both A.M. & P.M.  More Than 1 Mile  Less Than 1 Mile  None Daycare: \_\_\_\_\_

**MEDICAL INFORMATION**

List and identify health conditions (such as severe allergies, chronic medical conditions, and/or allergies to medications): \_\_\_\_\_  
 \_\_\_\_\_

*\*Per state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have a health care plan on file. For more information, please contact the school Nurse or Health Clerk.*

Regular Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

An "Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day. Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I give school officials permission to contact the named Health Care Provider: \_\_\_\_\_  
 \_\_\_\_\_  
 (Parent/Guardian Signature)

**EMERGENCY INFORMATION**

If needed, what hospital should this student be taken to? \_\_\_\_\_

IN AN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:-

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_ Telephone No: (\_\_\_\_) \_\_\_\_\_

If there is anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Upon enrollment, your child will be assigned a Boone County user and email account as well as a Google account. These accounts will be used for network, email, and online instructional tool access.

The school is not responsible for students authorized by parent to leave school during school hours or for students in elementary and middle school authorized by parent to privately return to their homes after school.

If there are changes made during the year, please contact the school office IMMEDIATELY.

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

<b>Office Use Only</b>	
New Enrollment	_____
Revised Enrollment	_____
Office Personnel	_____
Date	_____

**Field Trip Planning 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: \_\_\_\_\_

Person trained with current medication administration training CPR/First Aid/AED credential \_\_\_\_\_

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: _____		<b>Fee to be assessed to students:</b> \$ _____	Approved Bid – Company Name
Time: _____ AM/PM			<input type="checkbox"/> Other: _____
<i>Attach a copy of Charter Bus Contract.</i>			
<b>Meals</b>	At school prior to departure <input type="checkbox"/>	Student Packed <input type="checkbox"/> Location where packed lunches will be consumed: School Cafeteria Packed <input type="checkbox"/> _____	
	Student Purchase Restaurant <input type="checkbox"/> (Name and location of each stop)	Name & Location: Name & Location:	
<b>Over Night</b>	Date: _____	Lodging: _____	
	Date: _____	Lodging: _____	

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

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

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

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

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

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

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

- \_\_\_\_\_ 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**  
**ATHLETIC AND 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? Is it regularly maintained?  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. [Continue rescue breathing and chest compressions following AED prompt.](#)
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

**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  Trips of more than one instructional day time period  Co-curricular/Extracurricular trips
- Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_
- Submit forms to Superintendent/Designee for review and submission to the Board for approval.
- Common Carrier contract including cost
- Common Carrier Transportation Reason for using a Charter Bus/Plane: \_\_\_\_\_
- *All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.*

**School-Related Student Trip Request Form**

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 personnel trained in medication administration, as needed and CPR/First Aid/AED will attend. Name of trained personnel \_\_\_\_\_  Cost for nursing, if applicable, shall be arranged and paid by the school. School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ON THE DAY OF THE TRIP**

- Provide chaperone orientation (video, etc.)
- Provide office with a list of chaperones & cell numbers
- Take student medications in original labeled bottle
- Take parent permission slips with you on the trip
- Give office copies of all parent permission slips (Retain for one (1) year)
- Pick up AED and any other emergency equipment per [Emergency Action Plan \(EAP\)](#).
- Post attendance prior to leaving
- Take student lunches (if applicable)
- Take classroom emergency kit
- Take required payments
- Provide copy of event specific EAP to all personnel attending in an official capacity, including cell numbers for all

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

Student: \_\_\_\_\_ Trip Destination/Location: \_\_\_\_\_  
 School: \_\_\_\_\_ Class/Activity/Team: \_\_\_\_\_

Times		Cost	Transportation
Departure Date: _____		Student Fee: \$ _____	District Bus/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			
<b>Meals</b>	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:	
<b>Over Night</b>	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. 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 BOONE 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
- Always stay with your assigned group
- Maintain a head count of your student group getting off and on buses/vans
- Spread out among students
- Medical and other issues are confidential [and must be reported to lead staff](#)
- No smoking, [use of tobacco, alternative nicotine or vapor products](#)
- 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

STUDENTS

09.425 AP.21

**Report of Out-of-School Suspension Short Term (SSP3)**

To: \_\_\_\_\_ School Name \_\_\_\_\_ School Code # \_\_\_\_\_  
Parent/Guardian (print) \_\_\_\_\_ Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_  
\_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_

Re: Student's Name \_\_\_\_\_  
DOB \_\_\_\_\_ Grade \_\_\_\_\_ Student Number \_\_\_\_\_

This is to confirm the out-of-school suspension of your child for the following date(s) and the reason(s) for this suspension is/are: \_\_\_\_\_

(All suspended students may not take part in and/or attend any school functions and must remain off of any school property until they are readmitted.) Resolution Beg. Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(Revised Date due to weather days or reduction of Suspension Days.) \_\_\_\_\_

Resolution Beg. Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Total Days: \_\_\_\_\_ Revised Total Days: \_\_\_\_\_

Violation: (check one)  Law  Board Violation No.: \_\_\_\_\_

Location Code (SSL1-SSL8) \_\_\_\_\_ Event/Violation Description: \_\_\_\_\_

Level IV Offenses (1-13) \_\_\_\_\_ Description: \_\_\_\_\_

Participant Type: \_\_\_\_\_ Role: \_\_\_\_\_ Behavior Admin. Staff Name: \_\_\_\_\_

Referral Name: \_\_\_\_\_ Special Needs:  Yes  No

Disciplinary/Guidance Procedures (utilized prior to this suspension)		
<input type="checkbox"/> Teacher-Student Conference	<input type="checkbox"/> Administrator-Student Conference	<input type="checkbox"/> Behavioral Contract
<input type="checkbox"/> Teacher-Parent Conference	<input type="checkbox"/> Administrator-Parent Conference	<input type="checkbox"/> Friday School
<input type="checkbox"/> Teacher-Guidance Contact	<input type="checkbox"/> Referral to School Team	<input type="checkbox"/> In-School Suspension
<input type="checkbox"/> _____ Teacher-Administrator Contact	<input type="checkbox"/> Student Services Parent Contact	<input type="checkbox"/> Suspension
<input type="checkbox"/> Detention	<input type="checkbox"/> Other	

The procedures checked above have been considered in this instance for resolving the problem.

It will be necessary for you to have a conference at school regarding the reason(s) for this out-of-school suspension before your child may be readmitted to school. Therefore, we are making a tentative appointment for you to come to school at (time) \_\_\_\_\_ on (date) \_\_\_\_\_. If you cannot come at the time indicated, please call (name) \_\_\_\_\_ at (phone) \_\_\_\_\_ to arrange another appointment. If you have any questions concerning this suspension or your child's status as a result of this action, please feel free to call the school at: \_\_\_\_\_ or consult the Student Code of Conduct.

\_\_\_\_\_ Method of Parent/Guardian contact: Date: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

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

White Copy Sent to the parent/guardian Pink Copy Discipline Folder  
Green Copy Attendance Services Gold Copy Given to the student  
Canary Copy Principal Alternative School: Copy to Home School  Copy to Attend. Serv:

STUDENTS

**Notice to Individuals Complaining of Harassment/Discrimination**

The District prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the District’s policy is attached for your information. Please be aware of the following provisions:

The District’s Title IX/Equity Coordinator is \_\_\_\_\_ . If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

<u>Address</u>	<u>Telephone Number</u>
----------------	-------------------------

The District will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a District administrator or other individual with specific training and/or experience in this area. If you have any questions for the District’s investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the District with information and documentation concerning the alleged improper conduct; (b) advise the District of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in District policy.

The District is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the District to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The District will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The District is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the District being able to fulfill its commitment to eliminate harassment/discrimination.

District employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the District will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the District to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the District may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a District administrator.



**Notice to Individuals Complaining of Harassment/Discrimination**

The District will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the District should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a District administrator immediately. If you are not satisfied with the District's response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515  
100 Penn Square East  
Philadelphia, PA 19107

**Harassment/Discrimination/Harassing Communication Grievance Procedures**

A student or parent who believes he/she has been a victim of an act of harassment/discrimination/harassing communication or who has observed other students being victimized shall, as soon as reasonably practicable, inform his/her Principal, who shall provide a Student Harassment/Discrimination/Harassing Communication Grievance Form (See Student Harassment/Discrimination/Harassing Communications Form) for the student/parent to complete and then immediately notify the Superintendent and or the Title IX/Equity Coordinator, as appropriate. Complaints of harassment/discrimination, whether verbal or written, shall lead to a documented investigation and a written report.

Within twenty-four (24) hours of receiving a serious allegation of harassment/discrimination, the Principal or appropriate administrator shall attempt to notify parents of both student victims and student(s) who has been accused of harassment/discrimination/harassing communication.

Employees who observe prohibited behaviors or with whom students share a complaint shall notify the Principal or their immediate supervisor, who shall immediately forward information to the Superintendent.

The Superintendent/designee may take interim measures to protect complainants during the investigation.

**PROCEDURES**

The following procedures are to be followed in handling harassment/discrimination/harassing communication grievances by student or parent:

**Level 1** — A student/parent shall present his or her written grievance to the student's Principal. The Principal shall investigate allegations of harassment/discrimination/harassing communication as soon as circumstances allow, but not later than three (3) days of submission of the original written grievance. The Principal shall discuss with the student/parent the nature of the grievance and any action that the Principal believes should be taken to resolve the concern of the student/parent. The principal shall provide a written response to the student/parent no later than ten (10) days after receipt of the student/parent's original written grievance. The principal forwards a copy of the grievance and response to the Superintendent and the Title IX/Equity Coordinator.

**Level 2** — If the student/parent wishes further review of his or her grievance, the original written grievance may be presented to the Title IX/Equity Coordinator. The Title IX/Equity Coordinator, or his/her designee, shall review previously presented information and administrative responses, and conduct any additional investigation deemed necessary. The Title IX/Equity Coordinator, or designee, shall provide a written response to the student/parent no later than ten (10) days after receipt of the student/parent's communication at Level 2.

A written report of all findings of the investigation shall be completed within thirty (30) calendar days, unless additional time is necessary due to the matter being investigated by a law enforcement or governmental agency.

**Harassment/Discrimination/Harassing Communication Grievance Procedures**

**Level 3** — If the student/parent wishes further review of his or her grievance, the student/parent may appeal the written response of the Title IX Equity Coordinator to the Superintendent, no later than ten (10) days after receipt of the Title IX/Equity Coordinator's response from Level 2.

The Superintendent shall consider the original written grievance and the Title IX Equity Coordinator's response as the appeal and will provide the student/parent a written response within ten (10) days. The decision of the Superintendent shall be final.

**Notice to Individuals Complaining of Harassment/Discrimination**

The District prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the District's policy is attached for your information. Please be aware of the following provisions:

The District's Title IX/Equity Coordinator is \_\_\_\_\_. If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

_____	_____
<i>Address</i>	<i>Telephone Number</i>

The District will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a District administrator or other individual with specific training and/or experience in this area. If you have any questions for the District's investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the District with information and documentation concerning the alleged improper conduct; (b) advise the District of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in District policy.

The District is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the District to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The District will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The District is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the District being able to fulfill its commitment to eliminate harassment/discrimination.

District employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the District will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the District to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the District may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a District administrator.

**Notice to Individuals Complaining of Harassment/Discrimination**

The District will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the District should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a District administrator immediately. If you are not satisfied with the District's response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515  
100 Penn Square East  
Philadelphia, PA 19107



**Student Harassment/Discrimination Harassing Communication Grievance Form**

Mail or deliver this form to:

- \_\_\_\_\_ Level 1: The School Principal
- \_\_\_\_\_ Level 2: The Title IX/Equity Coordinator
- \_\_\_\_\_ 8330 US 742, Florence, KY 41042
- \_\_\_\_\_ Level 3: The Superintendent
- \_\_\_\_\_ 8330 US 742, Florence, KY 41042

This form provides the opportunity for a student or parent to report alleged incidents of harassment/discrimination and to secure an equitable and prompt resolution.

<b>STUDENT INFORMATION</b>		
Telephone No(s): _____, _____		
Name _____		
_____ Last	_____ First	_____ Middle Initial
Home Address _____		
_____ Number & Street	_____ City	_____ State _____ Zip
Age _____	Date of Birth _____	
School _____	Grade _____	Homeroom/Classroom _____
Name of Parent/Guardian _____		

**TYPE OF HARASSMENT/DISCRIMINATION**

PLEASE CHECK

- Racial
- Sexual
- Religious
- National Origin
- Disability
- Other

**STATEMENT OF GRIEVANCE**

Identify the harassment/discrimination that you allege has occurred. Be complete and use full names/titles, dates, exact location(s), and specific occurrence(s) if appropriate.

\_\_\_\_\_

\_\_\_\_\_

Date(s) harassment/discrimination occurred. \_\_\_\_\_ Earliest: \_\_\_\_\_ Latest: \_\_\_\_\_

What results are you seeking by filing this complaint? (Use additional sheet(s) if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you filed this complaint with law enforcement or other governmental agency?  Yes  No

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Signature Date

**NOTE:**

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

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

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### **Reporting of Code Violations**

Students wishing to report bullying or any other violation of the Code of Acceptable Behavior and Discipline may report it to a classroom teacher, [any school staff member, and/or complete information on the S.T.O.P. Tipline](#), who shall take appropriate action as defined by the [eCode](#). The ~~staff member~~ ~~teacher~~ shall refer the report to the Principal/designee for further action when the report involves an offense that may warrant suspension or expulsion of a student, any felony offense, or a report that may be required by law, including reports to law enforcement.

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#### **RETALIATION PROHIBITED**

Employees and other students shall not retaliate against a student because s/he reports bullying or any other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.



## Visitors to the Schools

### REPORT TO FRONT OFFICE

All visitors to the school are to report to the front office of the building, provide valid identification, and state the purpose of the visit. The school shall provide a visitor's badge to be visibly displayed on a visitor's outer garment.

~~If a school council has further guidelines in place for visitors to schools, those guidelines shall be followed correspondingly.~~

### CLASSROOM VISITATION

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

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

### LUNCH WITH FAMILY MEMBER

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

### SPECIAL INVITATION

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

### OBSERVATION BY OUTSIDE AGENCIES

These procedures are established for the purposes of observation only.

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

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

- Background check clearance on file with District Schools Central Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;
- A copy of credentials in the form of certification/license for the purpose of the observation; and
- A signed release (form can be requested from the school) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

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**Visitors to the Schools**

**OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)**

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

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

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