

LEGAL: HB 48 A

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.1

Student Medication Guidelines

STUDENT SELF-MEDICATION

~~Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has provided a completed authorization form from the student's health care practitioner. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication.~~

MEDICATION SAFETY

1. The first dose of any new Mmedication should be given at home when possible. Medication that must be given at school shall be brought to school by the parent/guardian. ~~whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope with the student's name on the outside and given to designated school personnel immediately upon arrival.~~ The medication should be counted, and the number of pills received should be noted on the Medication Administration Record.
2. ~~All medications received shall be documented on medication log. Prescribed oral medications in pill or tablet form shall also be counted and the number recorded on the Medication Administration Record.~~
- 1-2. The permission form shall be completed by the parent/guardian, school personnel and the health care provider (if required). Once the form is completed and returned to school and except for emergency medications (including, but not limited to glucagon, FDA approved seizure rescue medications and injectable epinephrine devices) and medications approved for students to carry for self-medication purposes, all medications shall be kept in a locked, portable, safe secure place accessible only to the responsible authorized school personnel. Principals shall establish safety measures to ensure accountability of the medications. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area or locked container placed in refrigerator.
3. Any use of opioid antagonist shall comply with KRS 217.186.
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-administer, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication shall keep a written record.

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Commented [WK1]: We do not want any students bringing medication in their backpacks.

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CONTROLLED/SCHEDULED MEDICATIONS

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. The following are the procedures related to the administration and storage of controlled/scheduled medications:

- Kept under double lock and key
- Kept in separate area of the medication storage area from other medications
- Signed out each time a dose is administered
- Trained staff shall count and record the number of remaining pills on the student's medication record weekly, each time a dose is administered.

Commented [WK2]: I don't think we could physically have the medications under double lock and key. Unless the school main school door be counted as a lock. The sick rooms have to remain open.

Commented [WK3]:

Commented [WK4R3]: In many of the schools, we don't have a secondary location where we can store medications that can be locked.

Commented [WK5]: This would be so tedious and hard to do daily. It would also be a concern that staff may spill/drop medications when counting daily.

Student Medication Guidelines

PRESCRIPTION MEDICATIONS

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-administers.

Prescription medications shall be administered only as directed by the physician/health care provider on the *Physician Authorization for Medication Form* (09.2241 AP.21). Parents/guardians shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed. For added safety, no more than one (1) month supply shall be accepted. All medications shall be transported to school by the parent/guardian. All prescription medications shall be counted upon receipt and amount received documented on medication logs by evidence of signature of receiver and signature of parent/guardian. Students are not permitted to bring any medication to school or carry medication on the bus unless a documented pressing medical need exists (i.e., asthma inhaler, injectable epinephrine device, insulin, etc.) and the appropriate forms have been completed and are on file.

All prescription medication, original or refill, shall be brought to school in the most current pharmacy-labeled container which includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way shall not be accepted. Discrepancies between the information on the medication authorization form and the prescription label shall require one of the following: a) a new authorization form; b) a new prescription bottle OR a new label issued by the pharmacy.

Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

The first dose of any medication or dosage change shall be given at home. Changes in the dosage and/or times of administration shall be received in the form of a new authorization form AND a new prescription bottle or new label from the pharmacy indicating the change.

NON-PRESCRIPTION MEDICATIONS

Non-prescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form *Parent Over-the-Counter Three-Day Medication Form* (09.2241 AP.21) is on file. Students may not carry or self-administer a three (3) day over-the-counter medication. The medication shall be in the original container, dated upon receipt and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date. Requests to administer or permit a student to carry a substance for relief of a condition or symptom or a prevention of a health-related concern (such as cough drops, vitamins, essential oils, or herbs) shall be regarded as a medication request and shall require an authorization form to be completed (09.2241 AP.21).

All medications must be transported to school by the parent/guardian. Students are not permitted to bring any medication to school or carry medication on the bus unless a documented pressing medical need exists.

Commented [WK6]: I want to keep this statement so that the parents are aware that all paperwork must be completed prior to administration. We have had issues in the past with parents trying to get us to administer without it being completed.

Commented [WK7]: I would like to keep this section because it helps to establish that the parent is responsible for making sure that the student has an adequate supply, and they are responsible for bringing the medication to school.

Commented [WK8]: I would like to keep this section. We had issues with parents trying to send loose medication in an envelope or change what/how much is to be given. The discrepancies part of this statement has also been used frequently when the orders and the medication bottle does not match.

Commented [WK9]: I would like to keep this statement. It has been useful in the past to define what needs to have an order.

Student Medication Guidelines**FIELD TRIPS**

Student medication may not be repackaged for field trips by school personnel. Separate bottles with a current pharmacy label and filled with amount of medication needed for the field trip shall be supplied and transported to the school by the parent. Medications that need to be administered by school personnel or student self-administered for field trips extending beyond the school day, shall require an additional Physician Authorization for Medication Form (09.2241 AP.21) completed by the parent/guardian and the health care provider (if required). All medication safety guidelines shall remain in place and followed by school personnel currently trained in medication administration.

DISPOSAL OF MEDICATION

All medications shall be destroyed at the end of the year if not picked up within ~~(10)5~~ days of school closing by the parent/guardian. ~~Non-prescription medications without a physician's order are only for three (3) days and are to be destroyed ten (10) days after the conclusion of the third day of medication administration if not picked up.~~ Leftover prescription medication shall be counted, the number documented, and mixed with an undesirable substance, such as used coffee grounds and placed in an impermeable, non-descript container with a witness present or destroyed in accordance with current health care standards. Both parties shall sign the medication log when this is done.

If not picked up within ten ~~(10)5~~ days of the expiration date, ~~prescription and non-prescription~~ medication(s) with expired dates shall be destroyed to ensure the safety of all students.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log. Records must be kept on file in the student's cumulative folder.

DOCUMENTATION OF ADMINISTRATION (CONTINUED)

Documentation shall be complete reflecting beginning and ending dates and notations of missed doses and absences. All prescription medications shall be counted upon receipt and amount received documented on medication logs by evidence of signature of parent/guardian. Subject to confidentiality requirements in policy 09.14 and accompanying procedures, medication recording sheets shall be filed in student's cumulative folder when completed or when the medication is changed/discontinued.

MEDICATION REFUSAL

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) shall be contacted and medication administration may be omitted. If necessary, a conference shall be scheduled with the parent/guardian to resolve the conflict.

Commented [WK10]: I would like to shorten the length that we are required to store medication. I feel that it is a safety issue to keep medications in the school offices when staff are usually released for the summer after the 3-5 days of extended time they are required to do after the last day of school.

Student Medication Guidelines**MEDICATION ERROR**

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first aid location.
2. Assess the student's status and document.
3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician /health care provider, if able.
6. If unable to contact the physician /health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician /health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

REFERENCES:

[KRS 158.834; KRS 158.836; 158.838](#)

[KRS 217.86](#)

[Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes \(2023\)](#)

[Kentucky Department of Education Medication Administration Training Manual for Non-Licensed School Personnel \(2025\)](#)

[Controlled/Scheduled Substance Act of 1970](#)

RELATED POLICY:

[09.2241](#)

RELATED PROCEDURES:

[09.2241 AP.21; 09.2241 AP.22](#)

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EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.2241 AP.21

Permission Forms for Medication**PARENT OVER-THE-COUNTER THREE DAY MEDICATION FORM**

Student's Name: _____ **Grade:** _____ **Date of Birth:** ____/____/____
School: _____

TO BE COMPLETED BY THE PARENT

Procedure 09.2241 AP.1 — Medication shall be in original container, dated upon receipt. Medication needed more than three (3) days requires a parent/guardian and Health Care Provider to complete the required form.

Name of medication: _____

Reason for medication: _____

Instructions: Time: _____ Dose: _____ Start Date: ____/____/____ Stop Date: ____/____/____

Important information to remember with three (3) day parent medications:

- When medication is needed, the parent must bring the medication into the school and sign it in with the front office staff.
- The medication is only for three (3) days, after that the parent/guardian must pick it up or it will be destroyed ten (10) days after the conclusion of the third day of medication administration.
- The student may not keep this medication on his/her person. It must be administered by authorized school staff.

PARENT AUTHORIZATION FOR ABOVE LISTED MEDICATIONS:

I give permission for _____ to receive the above medication(s) at school according to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administration of the above medication. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ *Signature:* _____ *Relationship:* _____

Home Phone: _____ *Work Phone:* _____ *Emergency Phone:* _____

I/we reviewed the statement and authorization for completion.

Administrator/designee _____ *Date* _____

STUDENTS

09.2241 AP.21

Permission Forms for Medication
PHYSICIAN AUTHORIZATION FOR MEDICATION FORM

Student's Name: _____ Grade: _____ Age: _____ Date of Birth: ____/____/____
 School: _____

COMPLETED BY THE PARENT/GUARDIAN AND HEALTH CARE PROVIDER

Procedure 09.2241 AP.1—Medication shall be in the original container, dated upon receipt. Prescribed medication self-administration over the counter medication needed for longer than three (3) days requires a parent/guardian and Health Care Provider to complete the required form.

Name of Medication: _____ Reason: _____ Stop date: ____/____/____ or End of School Year Time to be given: _____ Dose _____ MG/ML/PUFFS/UNITS (please circle one) Signs and symptoms of emergency administration: _____ _____ Restriction and/or important side effects: _____ _____ * Student must self-carry medication on his/her person and may self-administer. (Student will hold medication on their person for self-administration or for immediate access of school trained personnel.) <input type="checkbox"/> Yes (*MD to initial below) <input type="checkbox"/> No <u>SPECIFIC TO FIELD TRIPS ONLY: (Please check 1 box)</u> <input type="checkbox"/> Trained personnel to assist student to self-medicate. (School personnel will hold medication until dosing time) <input type="checkbox"/> * Student to self -carry and may self-administer. (Student will hold medication on their person for self-administration or for immediate access of school trained personnel) (*MD to initial below) <input type="checkbox"/> Student requires medication to be administered (School personnel will hold medication and administer)	Name of Medication: _____ Reason: _____ Stop date: ____/____/____ or End of School Year Time to be given: _____ Dose _____ MG/ML/PUFFS/UNITS (please circle one) Signs and symptoms of emergency administration: _____ _____ Restriction and/or important side effects: _____ _____ * Student must self-carry medication on his/her person and may self-administer. (Student will hold medication on their person for self-administration or for immediate access of school trained personnel.) <input type="checkbox"/> Yes (*MD to initial below) <input type="checkbox"/> No <u>SPECIFIC TO FIELD TRIPS ONLY: (Please check 1 box)</u> <input type="checkbox"/> Trained personnel to assist student to self-medicate. (School personnel will hold medication until dosing time) <input type="checkbox"/> * Student to self -carry and may self-administer. (Student will hold medication on their person for self-administration or for immediate access of school trained personnel) (*MD to initial below) <input type="checkbox"/> Student requires medication to be administered (School personnel will hold medication and administer)
PROVIDER SIGNATURE FOR ALL MEDICATIONS Physician/Health Care Provider Signature _____ / ____/____ Date _____ Physician Practice name: _____ Address: _____ Phone: (____) _____ Fax: (____) _____	
*FOR SELF CARRYING/ SELF ADMINISTRATION ONLY *(MD INITIALS) The above named student has been instructed on the care, storage, dosage, and use (up to/and including getting help of trained personnel if student feels they are unable to administer the medication safely/effectively in an emergency situation) of the above medication(s) and has sufficient knowledge and ability to self-carry / self-administer the medication(s) in the school setting and while on field trips.	
PARENT AUTHORIZATION FOR ABOVE LISTED MEDICATIONS	

STUDENTS

09.2241 AP.21
(CONTINUED)

Permission Forms for Medication

I give permission for _____ to receive the above medication(s) at school

Student's Name

according to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administration of the above medication. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ *Signature:* _____ *Relationship:* _____

Home Phone: _____ *Work Phone* _____ *Emergency Phone* _____

I/we reviewed the statement and authorization for completion.

Administrator/designee _____ *Date* ____/____/____

EXPLANATION: SB 19 AMENDS KRS 158.200 PERMITTING BOARDS TO PROVIDE AN OPPORTUNITY
FOR PUPILS TO ATTEND MORAL INSTRUCTION.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Moral Instruction Request

Date of Request: _____

Name of Person Providing Moral Instruction: _____

Address: _____

Phone Number: _____

Name of Person Providing Transportation: _____

Address: _____

Phone Number: _____

Moral Instruction Location and Address:

_____Transportation Plan (to and from moral instruction location within the allotted time period):

_____Attach copy of proof of insurance showing adequate insurance for liability, property loss, and personal injury for students being transported.I acknowledge and agree to inform the parent/guardian of a participating pupil, that the District and its employees and agents shall not incur any liability as a result of any injury sustained by the pupil related to participation in the moral instruction offering._____
Signature of Moral Instruction Provider DateI acknowledge and agree to indemnify and hold harmless the District and its employees and agents against any claims relating to the moral instruction offering or transportation to or from the offering._____
Signature of Moral Instruction Provider DateI agree to be bound by the requirements placed upon moral instruction offerings as provided in KRS 158.200._____
Signature of Moral Instruction Provider Date

Moral Instruction Request**FOR BOARD USE ONLY**

Check if received:

☐ Proof of Insurance☐ Consent of Parent/GuardianThis request was ☐ Approved ☐ Denied

If denied, list the reason(s) for the denial:

Signature of Board Chair

Date

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Community Use of School Facilities

PRIMARY PURPOSE

School facilities are for the primary purpose of meeting the educational needs of schoolage youth in the district. However, with reasonable policies and procedures, the school can assist the community in meeting social, civic, recreational and cultural needs by effective utilization of school facilities.

PRIORITY FOR USE OF SCHOOL FACILITIES

Priority	Examples of Groups	Approval	Scheduling	Fees Charged	Proof of Liability Insurance
I - School Groups	Educational programs that are an outgrowth of classroom instruction including, but not limited to, science fairs, plays, exhibits and concerts. Interscholastic activities including athletic teams, speech and debate, band competition and academic competition. Any school group that requires a faculty sponsor including, but not limited to, all school-sponsored clubs, homerooms, honor societies and student council. Booster Groups academic, athletic and band	Principal/designee A completed Application must be sent to the Director of Building and Grounds. Does not require a Community Use application	Principal/designee	None	None required NOTE: All external support/booster organizations are required to carry separate insurance for general liability with appropriate coverage to operate their organization. (Accounting Procedures for Kentucky School Activity Funds)
	District Adult/Community education programs Parent/Teacher Association/ Organization	Principal/designee Does not need to submit an application. A Community Use application must be submitted.	Must schedule with Principal/designee	None	None required NOTE: All external support/booster organizations are required to carry separate insurance for general liability with appropriate coverage to operate their organization. (Accounting Procedures for Kentucky School Activity Funds)

Community Use of School Facilities**PRIORITY FOR USE OF SCHOOL FACILITIES (CONTINUED)**

Priority	Examples of Groups	Approval	Scheduling	Fees Charged	Proof of Liability Insurance
II - School-Related Groups	4H Clubs Scout groups County Recreation Programs Little League and/or comparable groups including, but not limited to, YMCA AAU programs (all student participants enrolled in Bullitt County Schools) Adult farmers	Principal/designee <u>A completed Community Use Application must be submitted. sent to the Director of Building and Grounds.</u>	Principal/designee	Custodial fees, if designated in contract	As specified in the contract
III - Community Interest Groups	Civic clubs Industrial groups Church groups AAU programs Homemakers Farm Bureau Historical Society	Board of Education <u>A Community Use Application must be submitted.</u>	Principal or designee	Usage and custodial fees, as designated in contract	As specified in the contract Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board policy 05.3.
IV - Meetings of General Public	General meetings of various community groups including, but not limited to, political parties.	Board of Education <u>A Community Use Application must be submitted.</u>	Superintendent/designee or Principal or designee	Usage and custodial fees, as designated in contract	As specified in the contract Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board policy 05.3.

Community Use of School Facilities

FOOD SERVICE

Eligible groups may contract for meals to be served in school dining areas. Use of kitchen equipment requires the presence of a School Food Service employee.

PUBLIC ELECTIONS

School facilities may be used for public elections without charge.

SPECIAL/EMERGENCY USE

Special/emergency use of facilities may be approved by the Superintendent/designee with explanation made to the Board at its next regular meeting.

Review/Revised:6/24/13

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

Name of Sponsoring Organization/Activity _____ Telephone _____ Representative's Name _____ Address _____ The above organization/individual requests the use of: <input type="checkbox"/> auditorium <input type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____ Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify equipment _____ Operator's Name _____ Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give a complete description of what is being sold and how the proceeds will be used. _____ _____ Building/school/facility _____ Purpose _____
--

Date(s) requested _____ Time(s) Requested _____

Will public be admitted? ☐ YES ☐ NO If yes, please explain _____

Will advertisement(s) be used? ☐ YES ☐ NO If yes, please explain _____

Will admission be charged? ☐ YES ☐ NO If yes, please explain _____

When using school facilities, this organization agrees to observe the following:

1. **To schedule with the Superintendent/designee the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. **To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. **To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. **To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____	Board Order # _____

Date of Use _____ Length of Time _____

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate	Total
Custodians				
<u>Turf Maintenance</u>				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ school				
Cafeteria Dining Room Kitchen Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

Application and Agreement for Use of District Property**RATES FOR DISTRICT FACILITY USE**

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools

*Turf field use will require an additional turf maintenance fee

Signature - Representative of User Group

Date

Signature - Superintendent/designee

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, UNLESS OTHERWISE STATED BY THE SUPERINTENDENT/DESIGNEE, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised:6/17/2024

Educational Enhancement Opportunity Request Form

An Educational Enhancement Opportunity (EHO) allows students to have an excused absence to participate in an educational activity outside the school but be counted present in attendance.

To request such an absence please complete this application and return it to your school principal at least five (5) days prior to the event for approval.

The event must have a significant educational value and be related to the Kentucky core curriculum. ~~The principal will determine if the activity meets guidelines.~~ A student may be approved for up to ten (10) days of EHO absences per year for this purpose. Approved students will be allowed to make up all school work and his/her grade will not be affected by lack of attendance or participation in classes.

EHOs cannot occur during the school's state assessments or district-wide assessments. Students that have three (3) or more unexcused absences or 6 or more unexcused tardies will not be approved for an EHO. Decisions may be appealed to the Superintendent/Designee whose decision may then be appealed to the Board of Education for Final Determination.

Examples of Approved EHOs: Participation in the KY State Fair, trips ~~outside of Bullitt County~~ and workshops that are educational in nature related to one of the core curriculum subjects (English, Science, Mathematics, Social Studies, Foreign Language or Arts and Humanities) as governed by Kentucky Department of Education.

Student's Full Name: _____ Date of Application: _____

School Name: _____ Grade _____ of Student: _____

Date(s) of Requested EHO: _____

~~Explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having significant educational value, (3) how the activity is related to one of the core curriculum subjects as outlined by KDE; or is it a college visit for junior or senior in high school, and (4) student meets attendance requirements. (Use additional paper, if needed, and attach it to the completed application). Please use the space provided below to describe the educational event/activity and the value it may have on your child's education.~~

Signature of Parent / Guardian: _____ Date: _____

For School Administrator's Use

Before final approval or denial is granted, consultation with the Director of Pupil Personnel is required to ensure district consistency across all schools.

Number of Excused Absences to Date: _____ - Number of Unexcused Absences to Date: _____

Number of Total Absences to Date: _____ - Number of Unexcused Tardies to Date: _____

This request will have significant educational value. Yes or No

Does this request meet the 4 components listed above: Yes: _____ No: _____

Request Approved: _____ Request Denied: _____

Principal's Signature: _____ Date: _____

For Office Use

Number of Excused Absences to Date: _____ Number of Unexcused Absences to Date: _____

Review/Revised: 6/19/2023

Early Dismissal/Early Graduation Request**Hardship Graduation Request**

Completion Date	Counselor's Initials	Student Must Fulfill the Following:
_____	_____	The application should be submitted to the appropriate counselor prior to the end of the semester the student intends to graduate or the college semester in which the student plans to attend. If applying for an apprenticeship or internship, the application should be submitted prior to the semester of training.
_____	_____	Student must have a cumulative GPA of 2.5 . 2.0 Student's GPA is _____.
_____	_____	Student may not have more than 30 days of accumulated absences over a three year period (extenuating circumstances will be considered). Total for high school career _____
_____	_____	A copy of the student's current schedule and transcript from both the high school and the intended college have been reviewed by counselor with the student and is attached. If the student is taking online courses, a list of those classes is also provided. If applying for apprenticeship or internship, copy of high school transcript and schedule are required.
_____	_____	A letter of application from the student outlining reason(s) for the hardship request has been received by counselor and is attached.
_____	_____	A letter of support, with both parents' legal guardians' signatures, endorsing the request is attached. If the student is married, substitute with the spouse's letter. If student 18 or older and not living with parents, no letter is required.
_____	_____	Written information from employer or institution of high learning stating the student's plans is attached.

Recommendation

_____	_____	_____
Counselor	Date	Approval/Non-Approval
_____	_____	_____
Principal	Date	Approval/Non-Approval
_____	_____	_____
Director of Pupil Personnel	Date	Approval/Non-Approval
_____	_____	_____
Superintendent	Date	Approval/Non-Approval
Effective Date _____	Sign Out Time _____	

An appeal to the decision of the Superintendent may be sent to the Board of Education.