



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

ISSUE PAPER

DATE:

July 24, 2025

AGENDA ITEM (ACTION ITEM):

Receive the additional revision drafts for Procedures 09.124 AP.21 (Nonresident Pupil Admission) and 09.435 AP.24 (Administrative Hearing Form).

APPLICABLE BOARD POLICY:

01.5 – School Board Policies

HISTORY/BACKGROUND:

The Kentucky School Board Association has completed an annual update of our policies and procedures after the legislation session to align our policies with revised statutes. Administrators in the district also reviewed and revised several policies/procedures and there is need for additional changes on these two procedures before the school year begins.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Receive the additional revision drafts for Procedures 09.124 AP.21 (Nonresident Pupil Admission) and 09.435 AP.24 (Administrative Hearing Form).

CONTACT PERSON:

Henry Webb

Principal/Administrator

District Administrator



Superintendent

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

Nonresident Pupil Admission

_____ School Year Application Window: _____ to _____

Terms and conditions of Nonresident Pupil Admission – Please read the entire form prior to completing and submitting [this form](#).

Tuition fees must be paid no later than August 10th or upon acceptance. Fees are not prorated. Fees are refundable only if a tuition-paying family moves in to the Kenton County School District within the first sixty (60) days following initial payment. The tuition fee is \$500 per student/per school year for students living in another Kentucky school district. [Students](#) ~~Any student~~ whose primary residence is outside of the State of Kentucky shall be subject to the tuition amount equal to the current Supporting Education Excellence in Kentucky (SEEK) allocation per pupil plus the annual fee of five hundred dollars (\$500.00) as stated above. The applied SEEK amount may be prorated based on the number of days enrolled in the District. [Tuition fees are applied according to Board Policy 09.124.](#)

Parents must submit a copy of their child’s report card, attendance, discipline records, individual education plans, and 504 plans, etc. with this application. Parents are also responsible for all transportation to/from school if accepted. (Students must arrive no earlier than twenty (20) minutes before school and be picked up at dismissal time.)

- Nonresident pupil/Tuition applications will only be considered if adequate capacity is available at the school. Adequate capacity is defined as adequate space per recommended State Cap in the grade level/classes in the school, and there is no undue impact on the programmatic needs of the school/District.
- Assuming space is available, cases will be **considered for acceptance based on students abiding by the following four (4) criteria:**
 - Satisfactory academic progress and effort as determined by the Principal.
 - District attendance policies including matching the District’s average attendance and not exceeding six (6) unexcused absences.
 - Behave in accordance with the Code of Expected Behavior and Conduct.
 - Parent(s)/guardian(s) are cooperative and supportive in their working relationship with the school.
- **If approved**, this commitment is for one (1) school year and is **subject to the following limitations:**
 - Applications are to be made each school year.
 - Applications must be received by the Building Principal following enrollment guidelines.
- Transfers involving athletics will be in accordance with Kentucky High School athletic Association (KHSAA) By-Laws.
- **While attending the school on tuition status**, it is our expectation that parents/guardians regularly monitor student’s academic performance, behavior, and attendance to assist and support maintaining satisfactory levels.

Date Application Filed: _____

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

Student’s Full Name _____ Date of Birth _____

Address of Residence _____

Street City State Zip

Name of Parent/Legal Guardian: _____ Relationship: _____

Home Phone: _____ Father’s Work #: _____ Mother’s Work #: _____

Father’s Cell #: _____ Mother’s Cell #: _____

School of Residence: _____ School Applying For: _____

School Presently Attending: _____

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

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

Name of School _____ Year _____ Grade _____

Name of School _____ Year _____ Grade _____

Name of School _____ Year _____ Grade _____

Which school is holding your child’s permanent records? _____

Other information you wish to share: _____

Nonresident Pupil Admission

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

Signature of Student: _____ Date: _____

Signature of Parent/Legal Guardian: _____ Date: _____

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

Employee Name: _____ School/Job Site: _____

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

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

Signature below shows application is **APPROVED**

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

Date Notification Sent to Parent _____

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

Application **DENIED**

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

Reason(s) for Denial: _____

Date Notification Sent to Parent _____

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

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

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

Employee Request for Nonresident Pupil Admission for Preschool Program

_____ School Year Applications Due By _____

Terms and conditions of nonresident pupil/tuition application – Please read the entire form prior to completing and submitting [this](#) form.

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

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

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

- Assuming space is available, cases will be **considered for acceptance based on students abiding by the following criteria:**
 - Age appropriate progress and effort as determined by Developmental Guidelines.
 - Following of District attendance policies including matching the District’s average attendance and not exceeding six (6) unexcused absences.
 - Behave in accordance with the Code of Expected Behavior and Conduct.
 - Parent(s)/guardian(s) are cooperative and supportive in their working relationship with the school.
- **If approved**, this commitment is for one (1) school year and is **subject to the following limitations:**
 - Applications are to be made each school year.
 - Applications must be received and reviewed by the District Preschool Office and Building Principal following enrollment guidelines.

Date of Application: _____

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

Student’s Full Name _____ Date of Birth _____

Address of Residence _____
Street City State Zip

Name of Parent/Legal Guardian: _____ Relationship: _____

Home Phone: _____ Father’s Work #: _____ Mother’s Work #: _____

Father’s Cell #: _____ Mother’s Cell #: _____

School of Residence: _____

School Applying For: _____

School Presently Attending: _____

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

Request for Nonresident Pupil Admission for Preschool Program

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

Name of School _____ Dates: _____

Name of School _____ Dates: _____

Other information you wish to share: _____

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

Signature of Parent/Legal Guardian: _____ Date: _____

Kenton County School District Full-Time Employee Name: _____
School/Job Site: _____

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

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

Signature below shows application is **APPROVED**

District Preschool Office Signature Showing Approval Date of Review/Signature

Principal's Signature Showing Approval Date of Review/Signature

Date Notification Sent to Parent: _____

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

Application **DENIED**

District Preschool Office Signature Showing Denial Date of Review/Signature

Principal's Signature Showing Denial Date of Review/Signature

Reason(s) for Denial: _____

Date Notification Sent to Parent: _____

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

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

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Administrative Hearing Form

SUPERINTENDENT/DESIGNEE FOR RECOMMENDED EXPULSION

Student Name _____ Grade _____

Referring School _____ Dates of Suspension _____

Hearing Date _____ Code Violation _____

Brief Description of Events _____

If applicable, the bus driver shall be heard at any disciplinary hearing against a student relating, at least in part, to misconduct that occurred during the operator’s transportation of the student or to misconduct by the student’s parent or guardian.

SUPERINTENDENT/DESIGNEE

- Is an Administrative Hearing ~~is~~-warranted based on the offense? YES _____ NO _____
- Are Individual Education Plan services provided? YES _____ NO _____
- Manifestation meeting: Date and Determination _____

INDIVIDUALS PRESENT AT HEARING

HEARING DETERMINATION

The student has committed an offense that has or is likely to substantially disrupt the educational process. _____
The student has committed an offense that has or is likely to constitute a threat to the safety of ~~other~~ students or staff _____

PLACEMENT DECISION

*KRS 158.150 and Board Policy 09.435 authorizes the Superintendent of any school District to place a student into an alternative program or setting for up to 12 months in lieu of expelling a student, or upon the expiration of a student’s expulsion, if he/she determined placement of the student in his or her regular school setting is likely to substantially disrupt the educational process or constitutes a threat to the safety of other students or staff. **In cases of Terroristic Threatening the KCSD will exercise this provision and students will be placed for no less than one (1) year in an alternative placement of Performance-Based Instruction followed by a six (6) month transition period at the Virtual Learning Center prior to being eligible to returning to their home school. Additional conditions may be required on a case by case basis.***

Hearing Officer Determination: _____ Expulsion Hearing _____ Alternative Placement _____ Other _____

Placement Type: _____ Performance-Based Instruction (PBI) _____ Virtual Learning Center (VLC) _____ Other _____

Dates of Placement: _____ Notes _____

EXPECTED CRITERIA FOR REINSTATEMENT

The following criteria selected must be met in order for the student to exit alternative placement and be considered for reinstatement. All PBI-placed students will transition to the Virtual Learning Center prior to being eligible for reinstatement. ~~re-enter the home school.~~

- Complete original alternative placement period
- Student does not have any Level III or IV Code of Conduct behavior violations

Administrative Hearing Form

SUPERINTENDENT/DESIGNEE FOR RECOMMENDED EXPULSION

EXPECTED CRITERIA FOR REINSTATEMENT (CONTINUED)

- Student does not have any arrests or charges outside of the school setting preventing return to in-person instruction
- Maintain academic growth through Tier 1 curriculum and any Tier 2 or 3 interventions determined by the Core MTSS Team (Completing and passing assigned tasks)
- Complete and submit a substance use screener/assessment and follow provider recommendations
- Complete substance use course or assignment (during the alternative placement)
- Provide a negative drug test upon request prior to the [end](#) of the placement period
- Comply with court requirements–Diversion or Disposition: with successful probation and statement from CDW/DJJ
- Safety Assessment with clearance statement from a licensed mental health professional upon request prior to the end of the placement period
- Mental Health Assessment from a licensed mental health professional
- Comply with all outside service providers and treatment recommendations (including all behavior plans, therapeutic recommendations and school directives)
- Regular mental health counseling or therapy, with monthly progress reports submitted by a licensed provider
- School-based mental health counseling during alternative placement and beyond
- Check-ins (academic & SEB) with school admin/counselor/appropriate staff during alternative placement
- Parent/guardian sign a KCSD consent to share with all applicable outside providers**
- Not to attend or participate in any school or [D](#)istrict functions or be on any KCSD grounds during alternative placement
- Participate in required District or State testing at the assigned location (as applicable)
- Other** _____

VIRTUAL LEARNING CENTER PLACEMENT/TRANSITION

In order to be eligible to return to the home school, students placed in or transitioning to the VLC in person will:

- Complete the VLC placement / transition – Dates: _____
- Successfully meet the above criteria
- Attend regularly with only excused absences
- Threat Assessment: Provide a statement from a licensed psychiatrist/psychologist stating that the student is not a danger to themselves or others AND will not pose a foreseeable threat for the duration of the placement.
- Parent/Guardian Accountability Agreement: Provide a written statement from the parent(s)/guardian(s) assuming full responsibility for monitoring all social media activity and device access, affirmation that any access to weapons is strictly restricted with documentation of steps taken to ensure safety, and written affirmation to physically ensure the student will not possess any weapon in any KCSD building, campus or grounds.

Prior to the end of the alternative placement and/or the transition period a review of the original offense and the above expectations will be conducted to determine appropriate transitions and for consideration of reinstatement. Severity of the offense and/or failure to meet the above criteria may result in a continuation of the student in the administrative placement. Continued placements may be extended from five (5) weeks with an additional review to indefinite retention in the current placement

Administrative Hearing Form

SUPERINTENDENT/DESIGNEE FOR RECOMMENDED EXPULSION

RETURN TO IN-PERSON INSTRUCTION AT HOME SCHOOL

Prior to returning to your home school, school/District staff will conduct a transition meeting to develop a plan for a successful return to school. You are expected to cooperate with staff in the development of this plan and abide by the expectations established. **Upon return to home school all students will be under a probationary period which will be determined at the time of the transition meeting. During this probationary period the student cannot have any Level III or IV Code of Conduct violations.**

The following are criteria to be included in the school plan

- Transition to an in-school alternative placement**
- Placement to be determined during the transition meeting**
- School-based mental health counseling during probationary period and beyond**
- Check-ins (academic & SEB) with school admin/counselor/appropriate staff during probationary period
- MTSS interventions as determined by the Core MTSS Team
- Submit to physical searches upon entry to campus
- Other _____

COMMUNICATION TO PARENT/GUARDIAN:

The decision of the Superintendent/District designee is final. The parent(s)/guardian(s) of the student have the right to appeal the decision to the Board of Education by requesting an Expulsion Hearing within 10 days of being notified of this decision. This request must be made in writing to the Superintendent/Hearing Officer.

ACKNOWLEDGEMENT OF EXPECTATIONS

Parent/Guardian

Student

School Administrator

Superintendent Designee/Hearing Officer

Date