



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

ISSUE PAPER

DATE:

June 26, 2026

AGENDA ITEM (ACTION ITEM):

Receive the Annual Procedures Update and Revision Drafts.

APPLICABLE BOARD POLICY:

01.51 – Administrative Procedures

HISTORY/BACKGROUND:

The Kentucky School Board Association completed a review and updated our district procedures after the legislative session to align our procedures with revised statutes. District administrators also reviewed and revised several procedures that are included in the annual update as well.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Receive the Annual Procedures Update and Revision Drafts.

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.*

KSBA Procedure Service

2026 Procedure Update (#30) Checklist

District: **Kenton County Schools**

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

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
03.19 AP.23	<input type="checkbox"/>	<input checked="" type="checkbox"/>	07/06/2026	<input type="checkbox"/>	<input type="checkbox"/>
04.1 AP.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.1 AP.2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
04.32 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
07.13 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.231 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2324 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
08.2324 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.12 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
01.61 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.252	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.2521	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.11 AP.26	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.123 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.12322 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.12322 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.17 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.1721 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.18 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.18 AP.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.19 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.22322 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03.28 AP.12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
04.1 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
05.2 AP.22	✓		07/06/2026		
05.21 AP.1	✓				
05.45 AP.1	✓				
05.5 AP.1	✓				
06.13 AP.1	✓				
06.2 AP.2	✓				
06.21 AP.1	✓				
06.23 AP.1	✓				
06.31 AP.1	✓				
07.1 AP.21	✓				
07.11 AP.1	✓				
08.1114 AP.1	✓				
08.113 AP.1	✓				
08.133 AP.1	✓				
08.2323 AP.22	✓				
09.11 AP.22	✓				
09.12 AP.2	✓				
09.12 AP.23	✓				
09.12 AP.24					✓
09.12 AP.25	✓				
09.12 AP.26	✓				
09.121 AP.21	✓				
09.124 AP.21	✓				
09.22 AP.2	✓				
09.22 AP.21	✓				
09.22 AP.23	✓				
09.22 AP.24	✓				
09.22 AP.25	✓				
09.224 AP.21					✓
09.224 AP.22	✓				
09.2241 AP.1	✓				

Procedure Number	Adopt as Written	Adopt with Modification*	Date of District/ Board Review	Keep Current Procedure	Delete Procedure
09.2241 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	07/06/2026	<input type="checkbox"/>	<input type="checkbox"/>
09.315 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.36 AP.212	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.429 AP.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
09.435 AP.24	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<u>See additional</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<u>procedure revisions</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<u>below.</u>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

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

Superintendent's Signature

Date

Please return this completed form to KSBA at your earliest opportunity.

Please contact your KSBA Consultant IF you need KSBA to completely reprint all policy pages or to order additional new manuals, instead of just getting copies of the updated policies.

Additional procedures:

- 03.125 AP.21
- 04.31 AP.1
- 04.7 AP.2
- 04.8 AP.1
- 04.8 AP.21 - Delete
- 05.21 AP.2
- 09.33 AP.1 - Delete

EXPLANATION: HB 253 AMENDS KRS 156.095 ADDING TRAINING FOR ALL EMPLOYEES ON APPROPRIATE RELATIONSHIPS AND COMMUNICATIONS. THIS BILL CONTAINS AN EMERGENCY CLAUSE AND IS IN EFFECT AS OF APRIL 10, 2026.

FINANCIAL IMPLICATIONS: COST OF TRAINING

EXPLANATION: KRS 161.011 SPECIFIES THAT DISTRICTS MAY PROVIDE TRAINING OPPORTUNITIES TO CLASSIFIED STAFF.

FINANCIAL IMPLICATIONS: COST: COST OF TRAINING

EXPLANATION: HB 253 AMENDS KRS 158.307 REQUIRING RATHER THAN ALLOWING THE BOARD TO DEVELOP A POLICY ON DYSLEXIA INCLUDING IDENTIFICATION OF STUDENTS. THIS BILL CONTAINS AN EMERGENCY CLAUSE AND IS IN EFFECT AS OF APRIL 10, 2026.

FINANCIAL IMPLICATIONS: COST OF TRAINING

EXPLANATION: HB 67 AMENDS KRS 160.145 EXPANDING DEFINITIONS, LIMITING THE SCOPE OF UNAUTHORIZED ELECTRONIC COMMUNICATION AND EXCLUDING DESIGNATED TYPES OF COMMUNICATION FROM THE REQUIREMENT TO OBTAIN WRITTEN PARENTAL PERMISSION. THIS BILL CONTAINS AN EMERGENCY CLAUSE AND IS IN EFFECT AS OF APRIL 13, 2026.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.19 AP.23

District Training Requirements

SCHOOL YEAR: _____

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
District planning committee members.		01.111									✓	
Board member training hours.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83									✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12									✓	
Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18/ 3.28			✓	✓	✓	✓	✓	✓	✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3									✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31									✓	
Council member training hours.	KRS 160.345	02.431									✓	
Employees authorized to use Criminal History Record Information (CHRI) will complete Security Awareness Training via Criminal Justice Information Services (CJIS)	KRS 160.380	03.11 AP.2521									✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 7:065	03.1161 03.2141 09.311								✓	✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24					✓				✓	
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24	✓									
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262	✓									

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED	
Title IX Sexual Harassment	34 C.F.R. § 106.45	03.1621/03 .2621/09.4 28111	✓								
Teacher professional development/learning.	KRS 156.095	03.19			✓					✓	
Active Shooter Situation training (initial and every 4 years) with ALICE training annually	KRS 156.095	03.19	✓							✓	
Student suicide prevention training for certified employees. (initial and every 4 years)	KRS 156.095	03.19	✓							✓	
Self-study review of seizure disorder materials. (initial and every 4 years)	KRS 156.095	03.19			✓					✓	
Child abuse and neglect prevention, recognition, and reporting. (initial and every 4 years)	KRS 156.095	03.19	✓							✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
Appropriate relationships and communication and inappropriate relationships and communication with students, sexual grooming and sexual misconduct.	KRS 156.095	03.19/03.29	✓									
Instructional leader training.	KRS 156.101	03.1912									✓	
The Board may provide training for classified staff focusing on topics including but not limited to suicide prevention, abuse recognition, and cardiopulmonary resuscitation. The Superintendent may develop and implement a program for continuing training for selected classified personnel.	KRS 161.011	03.29									✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED							DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS		DESIGNATED
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5								✓	
Orientation materials for volunteers.	KRS 161.048	03.6								✓	
Integrated Pest Management (7a) Certification.	302 KAR 29:060	05.11								✓	
Training for designated personnel on use and management of equipment.		05.4								✓	
Automated external defibrillators (AEDs), training on use of such.	KRS 158.162 KRS 311.667	03.1161/03 .2241 05.4/09.31 1/09.224							✓	✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4								✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED							DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS		DESIGNATED
Fire drill procedure system.	KRS 158.162	05.41	✓								
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411	✓								
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42	✓								
Earthquake drill procedure system.	KRS 158.162 KRS 158.163	05.47	✓								
First Aid and Cardiopulmonary Resuscitation (CPR) Training.	702 KAR 5:080	06.221						✓	✓	✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23								✓	
Designated training for School Nutrition Program Directors and food service personnel.	KRS 158.852 7 C.F.R. §210.31	07.1 07.16				✓				✓	
Identifying students with dyslexia.	KRS 158.037	08.1313								✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
Students Experiencing Homelessness	704 KAR 7:090	09.12									✓	
Trauma Informed Care (initial and every 4 years)	KRS 158.4416	01.111	✓									
Browser Security Basics & Email/Messaging Safety (initial hire only)		District Security Breach Protocol	✓									
Human Trafficking (initial hire only)	KDE required							✓			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132			✓						✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141			✓					✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323								✓	
Traceable communication with students.	KRS 160.145	08.2324	✓								
Confidentiality of student record information. (initial and every 4 years)	34 C.F.R. 300.623	09.14	✓								
Student suicide prevention training: Provide two (2) suicide prevention awareness lessons each school year.	KRS 156.095; KRS 158.070	09.22								✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED	
Anonymous reporting tool: Develop and provide a comprehensive training and awareness program on the use of the chosen anonymous reporting tool for students, parents, and community members.	KRS 158.4451	09.22	✓								
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241								✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.155; KRS 158.156; KRS 160.380 KRS 209A.100 KRS 209A.110 KRS 620.030	09.2211	✓								

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
Personnel training on restraint and seclusion, de-escalation, and positive behavioral supports.	704 KAR 7:160	09.2212		✓							✓	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811									✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 19:002	09.4341									✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438	✓									
Intervention and response training on responding to instances of incivility.		10.21	✓									
Training for Supervisors of Student Teachers.	16 KAR 5:040									✓		
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818									✓		
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.842				✓							

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED								DATE COMPLETED	
			ALL	ALL SCHOOL PERSONNEL	CERTIFIED	STUDENT NUTRITION	BUILDING OPERATIONS	TRANSPORTATION	ATHLETICS	DESIGNATED		
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)				✓							
Grants regarding training for state-funded community education directors.	KRS 160.156										✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046										✓	
KDE shall provide technical assistance and training for multi-tiered system of supports upon District request.	KRS 158.305										✓	

District Training Requirements

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky Records Retention/Public School District Schedule.

EXPLANATION: HB 67 CREATES A NEW SECTION OF KRS 160 ESTABLISHING THE CALENDAR AND PROCEDURES ADOPTING THE DISTRICT BUDGET.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

FISCAL MANAGEMENT

04.1 AP.11

Budget Calendar and Timeline

TIMELINE

On or before January 31, the Superintendent shall submit to the Board for review at a public meeting a draft budget that provides line item estimated revenues and proposed expenditures for the subsequent fiscal year.

On or before May 31:

1. And at least two (2) weeks prior to the required public meeting, the Superintendent shall submit to the Board a complete proposed tentative budget for consideration; and
2. At a public meeting:
 - a. The Board shall review the proposed tentative budget; and
 - b. After any discussion or amendments, the Board shall adopt a tentative budget for the subsequent fiscal year; and

On or before September 30:

1. And at least two (2) weeks prior to the required public meeting, the Superintendent shall:
 - a. Submit to the Board a complete proposed working budget for consideration;
 - b. Submit to the Board a report explaining:
 - i. The projected revenues from the various taxes levied by the District;
 - ii. The appropriations that the District expects to receive from state and federal resources;
 - iii. The projected expenditures for personnel, transportation, maintenance, and materials for the operation of the District.
 - iv. Any one (1) time major expenses expected for the year, including those for special projects or programs;
 - v. The projected revenues and expenditures associated with restricted funds, including facilities funds;
 - vi. The costs associated with debts incurred by the District; and
 - vii. How the minimum reserve required shall be maintained; and
 - c. Deliver the items listed above in a digital format to Board members. However, if a Board member requests the items also be delivered in physical format, the Superintendent shall provide those within one (1) business day of the request in the format requested;
2. At a public meeting of the Board:
 - a. The Superintendent shall present to the Board;

Budget Calendar and Timeline

TIMELINE (CONTINUED)

- i. The proposed working budget; and
 - ii. The report required in subparagraph 1.b.
 - b. The Board shall review the proposed working budget; and
 - c. After any discussion or amendment, the Board shall adopt a working budget for the fiscal year.
- 3. The Board shall submit to the Kentucky Department of Education the adopted working budget for final approval.

RELATED PROCEDURE:

04.1 AP.2

EXPLANATION: HB 67 CREATES A NEW SECTION OF KRS 160 ESTABLISHING THE CALENDAR AND PROCEDURES ADOPTING THE DISTRICT BUDGET.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

FISCAL MANAGEMENT

04.I AP.2

Budget Planning Timeline

Month	Due Dates/Event	Date Completed
END OF 1ST SCHOOL MONTH	Each school site administrator records that school's official student enrollment for the current school year.	
OCTOBER	15—The Superintendent/designee projects the enrollment for the next five (5) years for each school site and gives that enrollment figure to the school's administrator. Each site administrator, under the direction of the school council in SDDM schools, shall conduct a needs assessment of program and support services, facility, and maintenance.	
NOVEMBER	15—School needs assessment presented to the Superintendent.	
DECEMBER	1—The Superintendent/designee completes the District needs assessment and presents a summary report to the Board.	
JANUARY	15—Superintendent/designee presents draft District budget plan, including estimated salary increases, to the Board. Board reviews District priorities along with the educational plan/needs assessment for the District. *31—Board reviews draft budget plan and establishes budget parameters for the ensuing school year.	
MARCH	*1—District provides tentative notice of allocations to school councils. 2—Based on the educational plan/needs assessment developed earlier, the site administrator begins work with parent and teacher groups on development of the school budget.	
APRIL	1—School council adopts school working budget and presents to the Finance Officer.	
MAY	*1—District provides final notice of allocations to school councils. *15—Superintendent/designee notifies certified staff of any reduction(s) in responsibilities no later than ninety (90) days before the first student attendance day of the school year or May 15, whichever comes first. *30—Board adopts tentative working budget, including salary schedules.	
JUNE	30—By this date, each school/school council shall make an annual report at a public meeting of the Board describing the school's progress in meeting the educational goals set forth in KRS 158.6451 and District goals established by the Board. (KRS 160.345)	
JULY	25—Annual financial report and balance sheet submitted electronically to KDE.	
AUGUST	*1—Board sets tax rates. (Date may vary, depending when tax rates are certified by the Chief State School Officer per KRS 160.470.) Board must levy rates and send them to KDE within 30 days of receiving assessment data.	
SEPTEMBER	*15—Staffing allocations to school councils are adjusted if changes in enrollment occur. *30—Board adopts a working budget to be submitted electronically to KDE.	
*Board action required by statute and/or regulation		

EXPLANATION: SB 5 CREATES A NEW SECTION OF KRS 158 ALLOWING A BOARD PARTICIPATING IN ANY OF THE UNITED STATES DEPARTMENT OF AGRICULTURE CHILD NUTRITION PROGRAMS TO PURCHASE KENTUCKY-GROWN AGRICULTURAL PRODUCTS. THIS BILL CONTAINS AN EMERGENCY CLAUSE AND IS EFFECTIVE AS OF MARCH 27, 2026.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: HB 392 AMENDS THE AMOUNT FOR SMALL PURCHASE PROCEDURES.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

FISCAL MANAGEMENT

04.32 AP.1

Procurement Guidelines

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

The Small Purchase Procedure shall be followed for purchases which do not exceed in aggregate ~~\$50,000.00~~~~40,000.00~~ over the fiscal year. Contracts or purchases shall be awarded by competitive sealed bidding when the amounts in aggregate exceed ~~\$50,000.00~~~~40,000.00~~ over the fiscal year with the Board of Education approving the lowest and/or best bid, except as otherwise provided by KRS 45A.370, KRS 45A.375, and KRS 45A.380, and KRS 45A.385; or when other governmental contracts exist including but not limited to Cooperative, Local Governmental, State, and/or Federal Contracts for the desired goods or services. Monetary limits on non-bid items are as follows:

\$0.00-\$2,499.99	Requires an approved <u>Requisition</u> form.
\$2,500.00-\$9,999.99	Requires an approved <u>Requisition</u> form and <u>Small Purchase Determination and Finding</u> form, with three (3) documented prices from competitive sources, unless approved by the Purchasing Department.
\$10,000.00-\$49,999.99 39,999.99	Requires an approved <u>Requisition</u> form and <u>Small Purchase Determination and Finding</u> form, with three (3) written quotations from competitive vendors or suppliers unless approved by the Purchasing Department.
\$50,000.0040,000.00 and over	Contact the Purchasing Department to proceed.
Note: In accordance with KRS 45A.380, a <u>Non-Competitive Determination and Finding</u> form may be used where applicable.	

Principals may purchase in the instances and in the manner provided for by administrative procedures for small purchases, and by non-competitive negotiation in connection with the purchase of items for resale as provided herein. Each Principal is vested with the authority to utilize the small purchase procedure in connection with purchases from their school's activity funds when a purchase does not exceed ~~\$50,000.00~~~~40,000.00~~ or the aggregate amount District wide does not exceed ~~\$50,000.00~~~~40,000.00~~. Principals may also utilize non-competitive negotiation procedures for the purchase of proprietary items for resale, upon their finding and determination that the items to be purchased are proprietary items for resale.

The Director of School Food Services is vested with authority to contract for perishables purchased on a weekly or more frequent basis by non-competitive negotiation. Each Director is vested with the authority for his division under small purchase procedures when a purchase does not exceed ~~\$50,000.00~~~~40,000.00~~, or the aggregate amount does not exceed ~~\$50,000.00~~~~40,000.00~~.

Procurement Guidelines

The intent of the purchasing procedures is to establish a framework so that purchasing activities for the School District are carried out in a prudent and economical manner. Fundamentally, the objective is to purchase supplies and equipment from the qualified vendor who submits the lowest or best bid for products or services that are equal or better than the specifications in the bid documents. The supplier who may be awarded the bid need not be the lowest bidder, but rather the best evaluated bidder for the quality, service, and quantity of items as specified.

The following are general interpretations of KRS 45A – Model Procurement, which are to be considered in carrying out the purchases for the School District:

B. Small Purchase

The Small Purchase Procedure may be used in connection with purchase of supplies, services or construction when the aggregate amount of the contract during a fiscal year does not exceed \$~~50,000.00~~~~40,000.00~~. When practicable, price quotations shall be obtained from several reputable sources before purchases are made. Documentation of oral and written quotations shall be maintained.

Aggregate Amount: “Aggregate amount” of a contract shall refer to the total dollar amount during a fiscal year in connection with items of a like nature, function and use, the need for which can be reasonably determined at the beginning of the fiscal year. (Items need not be included in an aggregate amount, if the need for such items could not reasonably be established in advance.) If the total dollar amount exceeds \$~~50,000.00~~~~40,000.00~~, general procurement procedures, rather than small purchase procedures, shall be used for the purchase of such items.

Determination that the “aggregate amount” does not exceed \$~~50,000.00~~~~40,000.00~~ shall be made in writing; shall include the written findings upon which the determination is made; and shall be kept in the file relating to the contract. This written determination is only required when items of a like nature, function and use are purchased, the need for which can reasonably be determined at the beginning of the fiscal year. Supplies, equipment or services normally supplied as unit cannot be artificially divided for the sole purpose of using small purchase procedures.

Supplies, equipment or services to be provided over a period of time at the same unit price shall be considered a single purchase contract. If the amount of the purchase contract exceeds \$~~50,000.00~~~~40,000.00~~, other procedures shall be utilized.

Supplies, services or construction, the need for which cannot be reasonably established in advance, or which were unavailable because of a failure of delivery, may be obtained utilizing the small purchase procedure, if the price, at the time of awarding contract, does not exceed \$~~50,000.00~~~~40,000.00~~.

Officials authorized to determine if the aggregate amount of any contract exceeds \$~~50,000.00~~~~40,000.00~~ shall make such decisions in good faith and shall not use small purchase procedures to circumvent the general requirements of the Model Procurement Code.

Procurement Guidelines

C. Competitive Sealed Bidding

Invitations to Bid: Competitive Sealed Bidding shall fully comply with KRS 45A.365. All invitations for competitive sealed bids shall state whether the award shall be made on the basis of the lowest bid price or the lowest evaluated bid price. If the latter is used, the objective measurable criteria to be utilized shall be set forth in the invitation for bids. The "evaluated bid price" shall mean the dollar amount of a bid after bid price adjustments, pursuant to objective measurable criteria which affect the economy and effectiveness in the operation or use of the product, such as reliability, maintainability, useful life, residual value, and time of delivery, performance, or completion. In order to utilize "objective measurable criteria" in connection with bids where the award is to be made on the basis of the lowest evaluated bid price, the invitation to bid shall include the weight to be given to various qualities or items in the product or service to be furnished, together with the method of evaluation so that the evaluation of bids may be determined with reasonable mathematical certainty and, where appropriate, criteria may be utilized which are otherwise subjective, such as taste and appearance.

Advertisement for Bids: All notice of invitations for bids shall be either published under the legal section of the Kentucky Enquirer or posted on the Internet. Adequate public notice (not less than seven (7) days before the date set for the opening of the bids) shall be given.

D. Competitive Negotiations

When the purchasing officer determines in writing that the use of competitive sealed bidding is not practicable, and except as provided in KRS 45A.095 and KRS 45A.100, a contract may be awarded by competitive negotiation.

1. Adequate public notice of the request for proposals shall be given in the same manner and circumstances as provided in KRS 45A.080 (3).
2. Contracts other than contracts for projects utilizing an alternative project delivery method under KRS 45A.180 may be competitively negotiated when it is determined in writing by the purchasing officer that the bids received by competitive sealed bidding either are unreasonable as to all or part of the requirements, or were not independently reached in open competition, and for which each competitive bidder has been notified of the intention to negotiate and is given reasonable opportunity to negotiate.
3. Contracts for projects utilizing an alternative project delivery method shall be processed in accordance with KRS 45A.180.
4. The request for proposals shall indicate the relative importance of price and other evaluation factors.
5. Award shall be made to the responsible offeror whose proposal is determined in writing to be the most advantageous to the Commonwealth, taking into consideration price and the evaluation factors set forth in the request for proposals.

Procurement Guidelines

6. Written or oral discussions shall be conducted with all responsible offerors who submit proposals determined in writing to be reasonably susceptible of being selected for award. Discussions shall not disclose any information derived from proposals submitted by competing offerors. Discussions need not be conducted:
 - a. With respect to prices, where the prices are fixed by law or administrative regulation, except that consideration shall be given to competitive terms and conditions;
 - b. Where time of delivery or performance will not permit discussions; or
 - c. Where it can be clearly demonstrated and documented from the existence of adequate competition or prior experience with the particular supply, service, or construction item, that acceptance of an initial offer without discussion would result in fair and reasonable best value procurement, and the request for proposals notifies all offerors of the possibility that award may be made on the basis of the initial offers.

E. Non-Competitive Negotiations

The Kenton County School District may contract or purchase through non-competitive negotiation in accordance with KRS 45A.095 when there has been a written determination by the Superintendent or the Superintendent's designee that competition is not feasible and further determination by one (1) of the foregoing that:

1. An emergency exists which will cause public harm as a result of the delay in competitive procedures; or
2. There is a single source within a reasonable geographical area of the product or service to be procured; or
3. A necessity is temporarily unavailable from the contracted supplier.
4. The contract is for the services of a licensed professional, such as attorney, physician, psychiatrist, psychologist, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; or an artist such as a sculptor, aesthetic painter, or musician, provide, however that this provision shall not apply to architects or engineers providing construction management services rather than professional architect or engineer services; or
5. The contract is for the purchase of perishable items, as indicated in applicable federal and state law, including unprocessed locally grown or locally raised agricultural products, ~~purchased with funds other than school nutrition service funds on a weekly or more frequent basis.~~
- ~~6. Purchase of such items with school nutrition service funds shall be done consistent with methods authorized by federal regulation (7 C.F.R. §3016.36).~~
- ~~7.6.~~ The contract is for replacement parts where the need cannot be reasonably anticipated and stockpiling is not feasible;
- ~~8.7.~~ The contract is for proprietary items for resale*;

Procurement Guidelines

- ~~9.8.~~ The contract relates to an enterprise in which the buying or selling by students is a part of the educational experience*;
- ~~10.9.~~ The contract or purchase is for expenditures made on authorized trips outside of the boundaries of the local public agency*;
- ~~11.10.~~ The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids;
- ~~12.11.~~ The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance and unemployment insurance; or
- ~~13.12.~~ The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the local public agency; or
- ~~14.13.~~ The contract or purchase is from a state, U. S. Government, or public agency.
- ~~15.14.~~ Specifications cannot be made sufficiently specific to permit an award on the basis of either the lowest bid price or lowest evaluated bid price.
- ~~16.15.~~ Sealed bidding is inappropriate because the available sources of supply are limited.
- ~~17.16.~~ In situations where the Board of education has properly advertised for bids and has received no bids, it may proceed to acquire the necessary supplies, services or construction by non-competitive negotiation.

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

F. Reverse Auction

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

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

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

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

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

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

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

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

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

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

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

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

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

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

EXPLANATION: HB 392 AMENDS KRS 45A.385 INCREASING THE AMOUNT FOR SMALL PURCHASE PROCEDURES.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: SB 5 CREATES A NEW SECTION OF KRS 158 ALLOWING A BOARD PARTICIPATING IN ANY OF THE UNITED STATES DEPARTMENT OF AGRICULTURE CHILD NUTRITION PROGRAMS TO PURCHASE KENTUCKY-GROWN AGRICULTURAL PRODUCTS. THIS BILL CONTAINS AN EMERGENCY CLAUSE AND IS EFFECTIVE AS OF MARCH 27, 2026.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SUPPORT SERVICES

07.13 AP.1

Purchase Bidding of School Nutrition Food Service Supplies

LIKE ITEMS IN EXCESS OF THE SMALL PURCHASE MAXIMUM \$40,000

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

BID SPECIFICATIONS

1. The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the School Food Service/School Nutrition Program Director.
2. The request for bid shall be advertised on the Kenton County School District website.
3. Specifications and bid documents are posted for viewing to all potential bidders on the Kenton County School District website.
4. Bids shall be opened and tabulated by the School Food Service/School Nutrition Program Director.
5. The bids shall be submitted to the Board of Education for action.

AGRICULTURAL PRODUCTS ~~PERISHABLES~~

Federal regulatory requirements ~~Applicable federal law does not~~ provide a geographic preference bidding exception for purchases of unprocessed locally grown or locally raised agricultural products using perishable food items purchased with school nutrition food service funds. Perishables purchased using school nutrition food service funds shall be procured in accordance with applicable federal regulations ~~2-C.F.R. 200.320~~.

When purchasing Kentucky-grown agricultural products, the District may purchase up to \$15,000 using federal micro-purchase thresholds or up to \$350,000 using federal simplified acquisition thresholds.

EMERGENCY PURCHASES

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

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

RECORDS MANAGEMENT

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

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

SUPPORT SERVICES

07.13 AP.1
(CONTINUED)

Purchase**Bidding** of School Nutrition**Food** Service Supplies

RELATED PROCEDURE:

04.32 AP.1

EXPLANATION: IN THE CASE OF MAHMOUD V. TAYLOR, 606 U.S. ___ (2025) THE UNITED STATES SUPREME COURT HELD THAT THE FIRST AMENDMENTS REQUIRES A SCHOOL DISTRICT TO PROVIDE PARENTS/GUARDIANS WITH NOTICE OF MATERIALS TO BE TAUGHT AND THE RIGHT TO OPT OUT BASED ON SINCERELY HELD RELIGIOUS BELIEFS.
COST: NONE ANTICIPATED

STUDENTS

08.231 AP.21

Religious Beliefs Excusal Process

This parent or guardian complaint must be submitted in writing to the Principal of the school where the student is enrolled alleging that specific curricular material is in conflict with the parent's or guardian's sincerely held religious beliefs.

COMPLAINANT (PARENT OR GUARDIAN)

Complainant Name _____ Date _____

Home Address _____ Phone _____

Student Name(s) _____

Home Address _____ Phone _____

School _____ Grade Level _____

COMPLAINT(S)

Provide a reasonably detailed description of the specific material to which the parent or guardian objects, sufficient to allow the Principal to locate and evaluate the materials. (Use additional sheet if necessary.)

STATEMENT

Provide a statement that the parent or guardian sincerely believe the identified materials conflicts with their religious beliefs.

Complainant's Signature _____ Date _____

LEVEL ONE: SCHOOL PRINCIPAL NAME:

The Principal/designee shall review the identified material to confirm whether it demonstrably contains the content described in the complaint above before acting on the request. If the Principal determines that the identified material does not demonstrably contain the content described by the parent or guardian, the request may be denied.

Religious Beliefs Excusal Process

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

Principal's Signature

Date

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

LEVEL TWO: APPEAL OF THE PRINCIPAL'S DETERMINATION TO THE SUPERINTENDENT

If the Principal denies a request, the parent or guardian may appeal in writing to the Superintendent within ten (10) calendar days of the Principal's decision. The Superintendent shall render a written decision within thirty (30) calendar days of receipt of the appeal, affirming or overruling the Principal's decision.

Complainant Name: _____

Date appeal submitted at this level to the Superintendent: _____

Complainant's Signature

Date

SUPERINTENDENT'S DETERMINATION (USE ADDITIONAL SHEET IF NECESSARY.)

Superintendent's Signature

Date

Religious Beliefs Excusal Process

LEVEL THREE: APPEAL OF THE SUPERINTENDENT'S DETERMINATION TO THE BOARD

(USE ADDITIONAL SHEET IF NECESSARY.)

If the Superintendent denies the appeal, the parent or guardian may appeal in writing to the Board within ten (10) calendar days of the Superintendent's decision. The Board shall render a written decision within thirty (30) calendar days of receipt of the appeal, affirming or overruling the Superintendent's decision.

Complainant Name: _____

Date appeal submitted at this level to the Board: _____

Complainant's Signature

Date

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

Board Chair's Signature

Date

EXPLANATION: HB 67 AMENDS KRS 160.145 RELATING TO UNAUTHORIZED ELECTRONIC
COMMUNICATION IN SCHOOLS.
COST: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.2324 AP.1

Traceable Communications

A parent may submit written consent to **authorize a designated District employee or qualified school volunteer who is not a family member** to participate in private electronic communication with his or her child outside of the traceable communication system.

The written consent:

- a. Shall be **filed in the administrative office of the student's school**;
- b. Shall be submitted to the administrative office of the school prior to any private **electronic communication being sent from a District employee or qualified school volunteer to a student outside of the traceable communication system**;
- c. Shall designate each specific District employee or qualified school volunteer that may participate in private electronic communication with the student outside of the traceable communication system and shall not be transferable to any other District employee or qualified school volunteer;
- d. May be revoked by the **parent** who filed the consent **at any time**. Upon notice of a revocation, the school's administrative office shall promptly notify the employee or qualified school volunteer subject to the revocation.
- e. May establish terms limiting electronic communication with a student including establishing an expiration for the term of the consent. Any electronic communication with he student enrolled in the school district outside of the traceable communication shall comply with all terms of the written consent.
- f. Shall not be rejected or denied by the school or District unless the written consent fails to properly identify the applicable student, District employee, or qualified school volunteer. Upon receipt of the written consent, the administrative office shall deliver a copy of the written consent to the District and the designated District employee or qualified school volunteer.
- g. Shall not be compelled as a requirement for a student to participate in an academic, athletic, or extracurricular opportunity; and
- h. Shall not authorize a District employee or qualified school volunteer to engage in inappropriate or sexual electronic communication with a student or be used as a basis of a defense for a District employee or qualified school volunteer that engages in inappropriate or sexual communication with a student or students.

EXPLANATION: HB 67 AMENDS KRS 160.145 RELATING TO UNAUTHORIZED ELECTRONIC
COMMUNICATION IN SCHOOLS.

COST: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.2324 AP.2

Consent for Outside Traceable Communications

~~A parent may authorize a designated District employee or volunteer, who is not a family member, to communicate electronically with his or her child outside of the traceable communication system.~~

~~—A completed form for each designated District employee or volunteer shall be filed in the administrative office of the student's school prior to any outside electronic communication being sent and may be revoked by a parent at any time.~~

I hereby consent to authorize the following District employee or qualified school volunteer who is not a family member to participate in private electronic communication with my child outside of the traceable communication system.

Name of Student: _____

~~I hereby consent to authorize the following to communicate with my child outside of the traceable communication system.~~

Name of eEmployees/Qualified School vVolunteers: _____

If applicable, terms limiting electronic communication including expiration date:

~~Reason(s) for the communication:~~ _____

~~Is Parent to be included on all communications? Yes No~~

~~Expiration Date for this form's consent:~~ _____

My consent does not authorize a District employee or qualified school volunteer to engage in inappropriate or sexual electronic communication with my child~~student~~ or be used as a basis of a defense for a District employee or qualified school volunteer that engages in inappropriate or sexual electronic communication with my child.

Signature of Parent/Guardian Date

Any electronic communication with thea student enrolled in the District outside of the traceable communication system shall comply with all terms of this written consent.

~~Signature of Employee or Volunteer~~ ~~Date~~

Consent for Outside Traceable Communications

The District or the school shall not reject or deny the written consent unless it fails to properly identify the applicable student, District employee, or qualified school volunteer.

Upon receipt of this consent, the administrative office shall deliver a copy of this consent to the District and the designated school employee or qualified school volunteer.

For administrative office use only:

Received by

Date

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION SUGGESTED THE POLICY CLARIFICATION THAT HOMELESS STUDENTS BE IMMEDIATELY ENROLLED IN ACCORDANCE WITH 704 KAR 7:090 AND 42 U.S.C. 11431 ET SEQ. (MCKINNEY-VENTO ACT).
COST IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.12 AP.1

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. [Homeless children and youth are to be immediately enrolled in the District.](#)
3. Types of reliable proof of a student's identity and age may include, but are not be 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.
- 4. A student's exact date of birth (month, day and year) is not required for initial enrollment.
- 5. 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.
- 6. 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.
- 7. 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 09.1224 AP.21 for ~~a copy of~~ the District's enrollment and emergency information [requirements form](#).

Records Management

RETENTION AND DISPOSAL OF SCHOOL RECORDS

The Superintendent's designated Records Officer shall implement the procedures listed in the *Records Retention/Public School District Schedule*. Any deviation from these procedures shall be submitted in writing by the Superintendent/designee to the Director of Archives and Records. The request must be approved in writing by the State Librarian prior to the disposal or destruction of school records. The following procedures shall be followed in records management:

1. The Superintendent/designee shall notify the Public Records Division in the Department for Libraries and Archives of the name of the District Records Officer who shall represent the District in its relations with that Division.
2. The Records Officer shall prepare a records retention and disposal schedule for the District that is compatible with state statutes and regulations.
3. The Records Officer shall review this schedule with all staff members responsible for school records.
4. Records that have met the retention schedule shall be disposed of by shredding or burning within six (6) months after the required retention period.
5. The disposal or destruction of school records shall be under the supervision of the Records Officer who shall keep a log of all disposed records.
6. Records listed as "permanent" on the schedule shall be kept in a secure location.
7. Both active and inactive records shall be filed in locations that offer reasonable security and accessibility.
8. Electronically received records such as, but not limited to, e-mail, diskettes, CDs, and faxes shall be handled in accordance with the procedures used in the storage, retention, and disposal of other Board records.

EMAIL AND VOICEMAIL DESTRUCTION

All routine email, and any voicemail messages transcribed to the email system, must be retained as routine District correspondence for two years per the Kentucky school records retention schedule.

Destruction and Documentation

Any existing district email, two years or older, will be deleted and destroyed in an ongoing, automated, daily process. The volume of daily emails destroyed will be documented by the technology department and a destruction certificate will be submitted to the District records custodian on a monthly basis.

Preserving Emails and Voicemails

Any email or voicemail which is crucial to the preservation of the administrative history of the school or school District, shall be saved as an electronic or paper file, along with any corresponding messages or attachments, and archived in an appropriate, and text or content-searchable manner.

Records Management

EMAIL AND VOICEMAIL DESTRUCTION (CONTINUED)

Preserving Attached or Embedded Files

Any document, video, or audio file embedded or attached within District email that should be retained for organizational, administrative, historical purposes, or as directed by the Kentucky records retention schedule, must be extracted and saved outside of the district email servers before email destruction occurs. Principals and department heads are responsible for extracting and archiving relevant documents. These documents shall be archived in an appropriate, and searchable manner.

Voicemail File Deletion

Voicemail that has been transcribed to email should be manually deleted from the phone system by employees on a daily basis without requiring documentation.

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. Conducting orientation meetings with students at the high school relating to future employment opportunities with the District;
3. Working with state educational associations and the state department of education;
4. Conducting recruitment programs through parent-teacher organizations; and
5. Advertising through appropriate media.

POSTING

Vacancies shall be posted ~~in the directory in the Central Office, in each school building during the school year, and~~ on the District's webpage.

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 notify the Chief State School Officer of the vacancy 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 Chief State School Officer. If the waiver is approved, the appointment shall not be made until the person selected has been approved by the Chief State School Officer.

APPLICATIONS

Completed applications should be stored in the Human Resources office and accompanied by transcripts and certificates, as appropriate.

~~The Superintendent/designee shall review each application for completeness and shall send a notice to each applicant indicating (a) the date of the review and (b) any additional materials requested.~~

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

Hiring**SELECTION FACTORS (CONTINUED)**

4. Recommendations
5. Personal characteristics 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 within two (2) weeks. If not returned within this time frame, the contract may be considered null and void.

Criminal Records Release Authorization

In order to obtain required state and national background checks, District employees and student teachers assigned within the District must complete the Kentucky State Police Criminal Records Release Authorization form, which is available from the Kentucky State Police. **The District will submit the required payments.**

~~Student teachers may submit and provide a copy of a national and state criminal background check by the Kentucky State Police and the Federal Bureau of Investigation through an accredited teacher education institution in which the student teacher is enrolled and who have a clear CA/N check.~~

Criminal History Record Information

PURPOSE

The District may use Criminal History Record Information (CHRI) obtained from the Kentucky State Police (KSP) to check qualification for employment or service as provided in KRS 160.380 and related policies and for authorizing personnel who will make fitness determinations. CHRI may not be used for any other purpose.

AUTHORITY

The District has the authorization to submit fingerprints to KSP for a fee-based state and federal background check pursuant to KRS 160.380.

NONCRIMINAL JUSTICE AGENCY CONTACT (NAC) & LOCAL AGENCY SECURITY OFFICER (LASO)

The Superintendent will designate employee(s) to serve as the NAC and LASO points of contact with KSP through which communication regarding audits, District personnel changes, training, and security are conducted. The NAC and LASO will receive and disseminate communication from KSP to all authorized District personnel. Additionally, the LASO shall where applicable:

1. Identify who is using the Criminal Justice Information Services (CJIS) Systems Agency (CSA) approved hardware, software, and firmware and ensure no unauthorized individuals or processes have access to the same.
2. Identify and document how the equipment is connected to the state system.
3. Ensure that personnel security screening procedures are being followed as stated.
4. Ensure approved and appropriate security measures are in place and working as expected.
5. Support policy compliance and ensure the CSA Information Security Officer is promptly informed of security incidents.

AUTHORIZED PERSONNEL

Authorized personnel will be given access to view and handle CHRI after completing the required Security Awareness Training and any additional training required by KSP. Only authorized personnel may access, discuss, use, possess, disseminate, or destroy CHRI.

The District will keep an updated list of authorized personnel that will be available to the KSP Auditor during the audit process.

TRAINING OF AUTHORIZED PERSONNEL

The District will ensure all persons authorized to have CHRI access will complete Security Awareness Training via CJIS Online immediately upon hire or appointment to access CHRI. The NAC will keep on file the Security Awareness Training certificate on all authorized personnel.

The District will ensure authorized users complete recertification of Security Awareness Training every twelve (12) months.

Authorized personnel will review the KSP website Noncriminal Justice Agency (NCJA) section for policies, procedures, and forms necessary for CHRI handling and fitness determination.

Criminal History Record Information

~~FINGERPRINT CARD PROCESSING~~

~~The District requires that all covered persons for whom fingerprint check is required must provide a valid, unexpired form of government issued photo identification prior to fingerprinting to verify their identity.~~

~~A copy of the FBI Privacy Rights Notification will be provided to the covered persons prior to fingerprinting. Covered persons will also be advised of the process regarding a challenge of the criminal history record.~~

~~Covered persons that have disclosed a conviction must still be fingerprinted. Proper reason for fingerprinting must be documented in the "Reason for Fingerprinting" box.~~

~~Proper chain of custody procedures protecting the integrity of the covered person's fingerprints prior to submission will include maintaining fingerprints in a secure environment, in a sealed envelope.~~

COMMUNICATION

Authorized personnel may discuss the CHRI results with covered persons in a secure, private area. Extreme care will be taken to prevent overhearing, eavesdropping, or interception of communication.

The District will not allow a covered person to have a copy of their record or take a picture of it with an electronic device.

The District will provide the covered person with required forms and options to obtain their record if a record is to be challenged.

PHYSICAL SECURITY

The District will ensure that information system hardware, software, and media are physically protected through access control measures by ensuring the perimeter of a physically secured location shall be prominently posted and separated from non-secure locations by physical controls. The District will control all access points (except for those areas within the facility officially designated as publicly accessible) and will verify individual access authorizations before granting access. The District will control physical access to information system distribution and transmission lines within the physically secure location. The District will control physical access to information system devices that display Criminal Justice Information (CJI) and will position information system devices in such a way as to prevent unauthorized individuals from accessing and viewing CJI. The District will monitor physical access to the information system to detect and respond to physical security incidents. The District will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible) and will escort visitors in a secured location.

Criminal History Record Information**STORAGE AND RETENTION OF CHRI**

The fingerprint results from KSP should only be handled by authorized personnel.

During the fitness determination:

- CHRI will be stored in a locked drawer/container at the Central Office and only accessible to authorized personnel.
- CHRI will be stored in a separate file that cannot be released for any public records request and will not be archived in a publicly accessible location.
- CHRI results will be stored electronically the agency using proper security and encryption methods.
- If stored electronically, the District will ensure compliance of CJIS Security Policy for the Network Infrastructure to include the following:
 1. Network Configuration
 2. Personally Owned Information Systems
 3. Publicly Accessible Computers
 4. System Use Notification
 5. Identification/User ID
 6. Authentication
 7. Session Lock
 8. Event Logging
 9. Advance Authentication
 10. Encryption
 11. Dial-up Access
 12. Mobile Devices
 13. Personal Firewalls
 14. Bluetooth Access
 15. Wireless (802.11x) Access
 16. Boundary Protection
 17. Intrusion Detection Tools and Techniques
 18. Malicious Code Protection
 19. Spam and Spyware Protection
 20. Security Alerts and Advisories
 21. Patch Management
 22. Voice over Internet Protocol (VoIP)
 23. Partitioning and Virtualization
 24. Cloud Computing
- Per KRS 61.878, CHRI is not subject to disclosure under the Kentucky Open Records Act and will not be archived in a publicly accessible location.

Criminal History Record Information**MEDIA TRANSPORT**

The District will protect and control digital and physical media during transport outside of controlled areas and will restrict the activities associated with transport of such media to authorized personnel.

DISPOSAL OF MEDIA CHRI

The District will properly sanitize or destroy physical or electronic CHRI per the Kentucky Department of Libraries and Archives (KDLA) Public School District Records Retention Schedule. If a third party performs the destruction, an authorized person shall accompany the CHRI through the destruction process. For electronic media, the District shall overwrite three (3) times or degauss digital media prior to disposal or release, inoperable digital media shall be destroyed; cut up, shredded, etc. The District shall ensure the sanitation or destruction is witnessed or carried out by authorized personnel.

MISUSE OF CHRI

In the event of deliberate or unintentional misuse of CHRI, the District will subject the employee to disciplinary action per Board policy and procedures, up to and including termination, or request for criminal investigation/charges.

- CERTIFIED PERSONNEL -

Letter of Intent

~~A letter of intent may be sent electronically each Spring to all certified and classified staff that allows staff to indicate if they intend to resign, retire, or take an approved leave of absence for the following school year. This form is not a guarantee of continued employment, nor is this an employment contract for the following school year. It is a District planning tool to accurately forecast future staffing needs and allow district staff to receive appropriate guidance documents and forms for the employee's intended next steps. The purpose of this memo is to assist the Central Office Staff in budget preparation and staff planning for the school year. THIS IS NOT A CONTRACT NOR INTENDED AS A CONTRACT. This memo is being sent to all employees in the Kenton County School District; however, there are individuals who may not receive a contract as a result of a one (1) year contract for _____, interns who have not completed certification as of this date, employees whose funding is in jeopardy, or a few individuals who may have an unsatisfactory evaluation. Please understand that this is merely a planning guide for Central Office Staff and is not a confirmation of employment for _____.~~

~~If you have made a decision not to return as a staff member in the Kenton County School District for the _____ school year, please respond as follows by returning this form to my office by _____.~~

~~I plan to retire at the end of the _____ school year.
(Please attach a letter of retirement.)~~

~~I plan to resign as of _____ (date).
(Please attach a letter of resignation.)~~

~~I plan to request a leave of absence.
(Please attach a letter supporting this request for leave of absence.)~~

~~*If it is your desire to return next year, it is not necessary for you to return this form.~~

~~Thank you for your careful attention to this request.~~

~~Name: _____~~

~~Position: _____~~

~~School: _____~~

Employee's Signature *Date*

Leave Request Form

**Complete this form at least thirty (30) days prior to the start of your leave.
A leave is defined as an absence, paid or unpaid, of more than five (5) consecutive days.**

Part I: Employee Information				
Name:			Employee #:	
Preferred Phone #:		Preferred Email:		
School/Location:			Position:	
Supervisor:		Do you currently carry our medical insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO		
# of hours contracted to work per day:			# of days contracted to work per week:	
Part II: Leave of Absence Information				
Anticipated Leave Start Date:			Anticipated Leave Return Date:	
Type of Leave Requested (place a check next to requested type of leave)				
FMLA Defined (up to 12 weeks)			Applicable Board Policy	
<input type="checkbox"/>	Sick Leave — serious health condition for self, birth/adoption		03.1232/03.2232	
<input type="checkbox"/>	Sick Leave — serious health condition for family member		03.1232/03.2232	
<input type="checkbox"/>	Sick Leave — to care for a covered service member		03.1232/03.2232	
<input type="checkbox"/>	Qualifying Exigency — military family leave		03.12322/03.22322	
Non-FMLA Defined (remainder of school year)			Applicable Board Policy	
<input type="checkbox"/>	Maternity/Paternity Leave — birth/adoption		03.1233/03.2233	
<input type="checkbox"/>	Extended Disability Leave		03.1234/03.2234	
<input type="checkbox"/>	Educational/Professional Leave		03.1235/03.2235	
<input type="checkbox"/>	Military/Disaster Services Leave		03.1238/03.2238	
<input type="checkbox"/>	Political Leave		03.1239	
Other			Applicable Board Policy	
<input type="checkbox"/>	Workers' Compensation		03.1241/03.2241	
<input type="checkbox"/>	Other		List Policy:	
Please fill in the type and number of days you will be using during your leave of absence.				
Sick	Donated Sick	Personal	Non-Contract	Unpaid
Note:				
✓ — Paid sick leave shall be used in accordance with Board Policy 03.1233/03.2233 — Maternity/Paternity Leave: immediately following the birth or adoption of a child or children				
✓ — Employees are required to use all paid leave days, if available, for all other forms of FMLA Defined Sick Leave, except that the employee may request to reserve up to ten (10) days of sick leave and three (3) days of personal leave				
✓ — The use of Non-Contract days is optional for all forms of FMLA Defined Leave				

Leave Request Form

Part III: For Certified Employees Only	
Requested Substitute's Name: (must be an active substitute in the district)	
Note:	
<ul style="list-style-type: none"> ✓—A certified substitute must be used for absences of more than ten (10) consecutive days ✓—A certified substitute is someone that has a teaching certificate or SOE ✓—Emergency substitutes do not have a teaching certificate, cannot be paid long term wages (absences for more than ten (10) consecutive days) and are not eligible to fulfill a long-term absence 	
Part IV: Employee Responsibilities (please read and initial each)	
	I will abide by all applicable board policies, state and federal regulations governing a leave of absence.
	I understand that my benefits, including health insurance, will be terminated once I am in an unpaid status or at the end of twelve (12) weeks if eligible for FMLA. I may be eligible for COBRA and should contact the District's Benefits Specialist at 859-957-2604 for more information.
	I understand that I must notify Human Resources if the start date or end date of my leave changes.
	I must notify Human Resources prior to returning from a leave of absence to determine if/when I may return to work, and, if applicable, provide a return to work note from my doctor.
	It is my responsibility to keep all contact information (email, mail and phone) current while on a leave of absence.
	I am aware unpaid days may negatively affect my annual retirement service credit* and annual pay increases**.
	*Contact your retirement system for more information.
	** If I do not work 140 days of my annual contract, I will not receive an annual step increase.
	In the event I am incapacitated or not of sound mind to communicate my leave of absence intentions with a member of the District, I proved the following individual permission to speak to, and provide information on my behalf with, Human Resources:
	Name of Individual: _____ Relationship: _____
Part V: Signature	
Employee Signature:	Date:
Printed Name:	
Part V: District Approval/Denial (Office Use Only)	
Approved or Denied (List Denial Reason(s)):	
Superintendent/designee Signature:	Date:

Complete this form at least thirty (30) days prior to the start of your leave. A leave is defined as an absence, paid or unpaid, of more than five (5) consecutive days. Please fill the form out completely.

Employee Information	
<u>Name:</u>	<u>Employee #:</u>
<u>Preferred Phone #:</u>	<u>Preferred Email:</u>
<u>School/Location:</u>	<u>Position:</u>

<u>Supervisor:</u>	<u># of hours contracted per day:</u>	<u># of days contracted to work per week:</u>
--------------------	---------------------------------------	---

<u>Do you currently carry our medical insurance?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>Do you currently carry our supplemental insurance (short term disability)?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Leave of Absence Information

<u>Anticipated Leave Start Date:</u>	<u>Anticipated Leave Return Date:</u>
--------------------------------------	---------------------------------------

Place a check next to requested type of leave

<u>For Self</u> <input type="checkbox"/> <u>Maternity (birthing mother)</u> <input type="checkbox"/> <u>My own personal serious health condition</u> <input type="checkbox"/> <u>Military Self</u> <input type="checkbox"/> <u>Educational Leave</u> <input type="checkbox"/> <u>Political Leave</u> <input type="checkbox"/> <u>Extended Leave</u> <input type="checkbox"/> <u>Workers' Compensation</u>	<u>For Family</u> <input type="checkbox"/> <u>Serious health condition of my:</u> <u>child spouse parent</u> <input type="checkbox"/> <u>Paternity</u> <input type="checkbox"/> <u>Care of my adopted/foster child or surrogacy</u> <input type="checkbox"/> <u>Military Family leave for my:</u> <u>child spouse parent</u> <input type="checkbox"/> <u>Extended Leave for family</u>
--	---

Time off work is expected to be (select the most appropriate box):

For continuous block of time (greater than 5 days, weeks or months off work)

For intermittent days

Please fill in the type and number of days you anticipate you will be using during your leave of absence.

<u>Sick</u>	<u>Personal</u>	<u>Maternity (for birthing mother)</u>	<u>Donated</u>	<u>Non-Contract</u>	<u>Unpaid</u>

Note:

- Paid sick leave shall be used in accordance with Board Policy 03.1233/03.2233 - Paternal Leave; up to 45 days immediately following the birth or adoption of a child or children
- Employees are required to use all paid leave days, if available, for all other forms of leave except FMLA Leave. If an employee qualifies for FMLA they may request to reserve up to ten (10) days of sick leave and three (3) days of personal leave. I wish to reserve sick days and personal days.
- The use of Non-Contract days is optional for all forms of FMLA Defined Leave
- Determination of eligibility for leave under FMLA additional documentation or clarification of documentation, may be required prior to making a final FMLA determination to approve or deny an FMLA leave request.

Leave Request Form

For Positions that Qualify for Substitutes

Requested Substitute's Name: (must be an active substitute in the district)

Note:

- **A long-term certified substitute is preferred for absences of more than fifteen (15) consecutive days**
- **Emergency substitutes do not have a teaching certificate, cannot be paid long term wages (absences for more than fourteen (14) consecutive days) and are not eligible to fulfill a long-term absence**

Employee Responsibilities (please read and initial each—electronic signatures will not be accepted)

	<u>I will abide by all applicable board policies, state and federal regulations governing a leave of absence.</u>
	<u>I understand that my benefits, including health insurance, will be terminated once I am in an unpaid status or at the end of twelve (12) weeks if eligible for FMLA. I may be eligible for COBRA and should contact the District's appointed Benefits Specialist for more information.</u>
	<u>I understand that I must notify Human Resources if the start date or end date of my leave changes.</u>
	<u>I must notify Human Resources prior to returning from a leave of absence to determine if/when I may return to work, and, if applicable, provide a return to work note from my doctor.</u>
	<u>It is my responsibility to keep all contact information (email, mail and phone) current while on a leave of absence.</u>
	<u>I am aware unpaid days may negatively affect my annual retirement service credit* and annual pay increases**.</u> <u>*Contact your retirement system for more information.</u> <u>** If I do not work 140 days of my annual contract, I will not receive an annual step increase.</u>
	<u>In the event I am incapacitated or not of sound mind to communicate my leave of absence intentions with a member of the District, I approve the following individual permission to speak to, and provide information on my behalf with Human Resources:</u> <u>Name of Individual: _____</u> <u>Relationship: _____</u> <u>Contact Information: _____</u>

Leave Request Form

<u>Signature (electronic signatures will not be accepted)</u>	
<u>Employee Signature:</u>	<u>Date:</u>
<u>Printed Name:</u>	
<u>District Approval/Denial (Office Use Only)</u>	
<u>Approved or Denied (List Denial Reason(s)):</u>	
<input type="checkbox"/> <u>FMLA</u> <input type="checkbox"/> <u>Non-FMLA</u>	
<u>Superintendent/Designee Signature:</u>	<u>Date:</u>

Send completed form to Human Resources by email at HR@kenton.kyschools.us or fax at 859.344-1531

~~**Send completed form to Human Resources by email at HR@kenton.kyschools.us or fax at 859.957.2673**~~

RELATED POLICIES:

03.12322; 03.1233; 03.1234; 03.1235; 03.1238; 03.1239; 03.22322; 03.2233; 03.2234; 03.2235; 03.2238

- CERTIFIED PERSONNEL -

Family and Medical Leave Compliance

REQUIRED NOTICES

As required by law, the District shall post information and distribute notices using documents prepared by the United States Department of Labor (DOL) to implement the federal Family and Medical Leave Act. The FMLA poster provided by the DOL must be displayed in a conspicuous place at all locations where employees and applicants for employment can see it, including those work locations to which no eligible employees are assigned.

Posters, notices to provide to employees, and designated forms may be downloaded from the **following** (DOL) web site:

<http://www.dol.gov/dol/topic/benefits-leave/fmla.htm>

These include the following:

- FMLA Poster (PDF)—<http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf>
- WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition—<http://www.dol.gov/whd/forms/WH-380-E.pdf>
- WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition—<http://www.dol.gov/whd/forms/WH-380-F.pdf>
- WH-381 Notice of Eligibility and Rights & Responsibilities—<http://www.dol.gov/whd/forms/WH-381.pdf>
- WH-382 Designation Notice—<http://www.dol.gov/whd/forms/WH-382.pdf>
- WH-384 Certification of Qualifying Exigency for Military Family Leave—<http://www.dol.gov/whd/forms/WH-384.pdf>
- WH-385 Certification for Serious Injury or Illness of Covered Servicemember—<http://www.dol.gov/whd/forms/WH-385.pdf>
- WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave—<https://www.dol.gov/whd/forms/wh385V.pdf>

Request for Family and Medical Leave of Absence

When applying for Family and Medical Leave, see Procedure 03.123AP.2 Leave Request Form.

~~FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.~~

~~Name _____ Position/School _____ Hire Date _____~~

~~I request Family and Medical Leave for the following reason:~~

- ~~My personal serious health condition~~
- ~~Serious health condition of my parent~~
- ~~Birth and care of my newborn child~~
- ~~Placement by the state of a child with me for foster care~~
- ~~Serious health condition of my child~~
- ~~Serious health condition of my spouse~~
- ~~Adoption of a child(ren)~~
- ~~Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:~~
- ~~spouse child parent~~
- ~~Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:~~
- ~~spouse child parent next-of-kin~~

~~Extension of leave requested earlier on _____~~

~~_____ Date~~

~~The leave/extension requested will begin on _____ and end on _____.~~

~~_____ Date _____ Date~~

~~If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.~~

~~_____~~

~~_____ Employee's Signature _____ Date~~

~~IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.~~

~~Spouse's Name _____ Position/School _____ Hire Date _____~~

~~S/he has requested Family and Medical Leave for the following reason: Birth/care of child~~

~~Illness of child Adoption/foster care of a child(ren) Military service injury/illness~~

~~_____~~

~~_____ Spouse's Signature _____ Date~~

~~_____~~

~~This form was received by the following person:~~

~~_____~~

~~_____ Superintendent's/designee's Signature _____ Date~~

~~• Attach completed copy of certification required by notice of eligibility and rights and responsibilities.~~

~~• NOTES~~

- ~~✓ FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.~~
- ~~✓ • Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.~~

Notice of Employee Separation

NOTICE OF EMPLOYEE RESIGNATION

Preferred means of resignation is through the district online form that can be found on the Human Resources page of the district website. For employees without online access, the below form is an additional approved method.

TO: Superintendent
Attention: Human Resources Department
Kenton County School District
~~2044 Tuscanview Dr. 1055 Eaton Dr~~
~~Covington Ft. Wright, KY 41017~~

I, _____, hereby resign my position(s) as
(Print Name)

(List All Positions Being Resigned)

at _____
(Location)

The purpose of my resignation is: _____

My last day worked will be: _____
(Date)

Signature: _____ Date: _____
(Employee Signature) (Today's Date)

My contact information after my resignation date will be (Required to receive final W2 and important documents):

Address: _____
(Street)

Address: _____
(City) (State) (Zip)

Phone: _____

Personal E-mail: _____

Human Resources Use Only

Accepted by: _____ Date: _____
(HR Team Member)

Notice of Employee Separation
NOTICE OF EMPLOYEE RETIREMENT

Preferred means of resignation is through the district online form that can be found on the Human Resources page of the district website. For employees without online access, the below form is an additional approved method.

TO: Superintendent
Attention: Human Resources Department
Kenton County School District
~~2044 Tuscanyview Dr. 1055 Eaton Dr~~
~~Covington Ft. Wright~~, KY 41017

I, _____, hereby resign my position(s) as
(Print Name)

(List All Positions Being Resigned)

at _____
(Location)

The purpose of my resignation is RETIREMENT. I filed all required paperwork with the following retirement system:

____ TRS (Teacher Retirement System) ____ KRS (Kentucky Retirement System)

on _____
(Date Paperwork Filed)

My last day worked will be: _____
(Date)

My first day of retirement will be: _____
(Date - Consult with your retirement system to determine this date.)

Signature: _____ Date: _____
(Employee Signature) (Today's Date)

My contact information after my resignation date will be (Required to receive final W2 and important documents):

Address: _____
(Street)

Address: _____
(City) (State) (Zip)

Phone: _____

Personal E-mail: _____

Human Resources Use Only

Accepted by: _____ Date: _____
(HR Team Member)

Conflict of Interest Agreement

The policy for conflict of interest shall be reviewed annually as part of the Opening Day checklist.

~~Below is the Kenton County Board policy regarding conflicts of interest. By reading and signing the document below, you agree to abide by this policy.~~

~~PECUNIARY INTEREST PROHIBITED~~

~~No administrator or other employee of the District with decision-making authority over the financial position of the school District shall have any pecuniary interest, either directly or indirectly, in an amount exceeding twenty-five dollars (\$25.00) per year, at the time of or after his appointment, in supplying any goods, services, property or merchandise for which school funds are expended. Nor shall any such person receive directly or indirectly any gift, reward, or promise of reward for goods, services, property, or merchandise of any kind for which school funds are expended.[†]~~

~~No administrator or other employee shall solicit for personal financial remuneration from students, parents and other staff during the school day or during school events.~~

~~Unless prior arrangements are made with the Board, any device, publication or any other item to be copyrighted that is developed during the employee's paid time shall be District property.~~

~~Employees shall not profit monetarily through use of confidential information gained in the course of or by reason of their position of employment with the District.~~

~~This signed agreement shall be placed in the employee's personnel file.~~

~~I hereby certify that I have read, understand, and agree to abide by the Kenton County Conflict of Interest Policy.~~

Employee's Signature _____ Date

- CERTIFIED PERSONNEL -

Evaluation

SCHEDULE OF EVALUATIONS

Evaluation of all certified personnel shall be done on the following schedule:

1. All non-tenured certified staff shall be evaluated at least annually;
2. All tenured certified staff shall be evaluated at least once every five (5) years;
3. All District certified staff, including principals and assistant principals shall be evaluated at least once every five (5) year period or as often as documentation deems necessary. The evaluation of the Superintendent is the responsibility of the Board.
4. A review procedure shall be available to all school personnel:
 - a. All supervisory personnel in the authority line of the particular staff member shall read and initial all evaluations prior to filing in the personnel file. A review of the evaluation by any supervisory person outside the authority line shall conform to the District policy regarding personnel files.
 - b. All evaluations shall be signed and dated by the evaluator and the certified staff member being evaluated.
 - c. If an evaluatee feels any written evaluation is incomplete, inaccurate, or unjust, s/he shall put his/her objections in writing and have them attached to the evaluation report to be placed in his/her personnel file within seven (7) school days after the writing of the evaluation. In any case, the evaluatee shall initial any and all evaluation reports to indicate that s/he has seen and read the evaluation. The evaluatee and the evaluator shall sign and date any addendum to the evaluation.
 - d. Additional administrative personnel may be used at the option of the Superintendent/designee, in addition to the primary evaluator, to provide and review any evaluation.
 - e. Any evaluatee may appeal his/her evaluation to the local Appeals Panel. The request for an appeal shall be in writing to the Superintendent, and shall be made within ten (10) school days of the summative conference.

EVALUATION FORMS

All forms shall be approved by the District Evaluation Committee prior to submission to the Board.

TIMELINE

1. The evaluation criteria and evaluation process to be used shall be explained to and discussed with certified school personnel no later than the end of the evaluatee's first thirty (30) calendar days of the school year as provided in regulation. The responsible supervisor shall conduct a conference with all teachers or administrators to be evaluated that year. Evaluation procedures and forms shall be thoroughly reviewed and distributed to each evaluatee. A general time table shall be established for completion of the required evaluations.

Evaluation**TIMELINE (CONTINUED)**

2. Individual conferences may also be scheduled as needed. Attendance at the orientation conferences should be documented.
3. Teachers should fill out the pre-observation guide. This form is required for a formal observation. The pre-observation conference may be through electronic media if it is mutually agreeable to both parties. Evaluators should consider a variety of observation techniques. Video tape observation shall be done at the mutual consent of both parties.
4. Following at least two (2) formal observations, an evaluation form shall be completed by the evaluator. The certified staff member shall have a copy of the written evaluation at least two (2) days prior to the summative conference. Goal planning should be included in the summative conference. Growth Plans must be chosen and written down on the evaluation forms.
5. Follow-up observations and conferences should be scheduled as needed, but especially when areas of concern and unsatisfactory ratings appear in the evaluation. Multiple evaluations are also recommended when these ratings are given.
6. ~~All forms shall be sent to the Central Office after the summative conference. These shall include the pre-observation forms and any others attached to the summative.~~ Teacher evaluations and supporting evidence may be stored in the District approved platform or in the Primary Personnel File after the summative conference.
7. The Superintendent/designee is responsible for evaluation training and is the contact person for the evaluation plan.
8. The summative evaluation of teachers shall be completed by April 30 each school year. The summative evaluation shall be given to the teacher two (2) working days before the summative conference.

EVALUATION OF TEACHERS

1. All certified personnel shall be provided with an orientation to the evaluation process and the criteria for evaluation no later than the end of the evaluatee's first thirty (30) calendar days of the school year.
2. The evaluator shall hold a pre-observation conference with the evaluatee to discuss the evaluation process.
3. Based on the information from observations and discussions, the evaluator is to rate the evaluatee's performance with respect to the criteria listed on the evaluation instructions.
4. The evaluator is encouraged to add pertinent comments at the end of each major domain.
5. The evaluatee is provided an opportunity to respond in writing within seven (7) school days to the evaluator's ratings and comments.
6. The evaluator and the evaluatee must discuss the results of the appraisal and any recommended action pertinent to such.
7. The evaluator and the evaluatee shall sign the instrument in the assigned spaces. The evaluatee's signature indicates only that s/he has seen and read the evaluation. The Principal must review and initial all summative evaluations that were written by Assistant Principal(s).

Evaluation

EVALUATION OF TEACHERS (CONTINUED)

8. The instrument and all mandatory forms must be ~~maintained~~**filed** in the District approved platform~~evaluatee's personnel folder~~ and a signed copy given to the evaluatee.
9. In case of an unsatisfactory evaluation, a plan for providing assistance to the evaluatee shall be jointly formulated by the evaluator and the evaluatee.
10. Individual Professional Growth Plans shall be used as means of performance improvement. Individual Professional Growth Plans may remediate weaknesses and/or provide for enrichment. All certified employees shall develop an Individual Professional Growth Plan on an annual basis that shall be aligned with the school/District improvement plan and comply with requirements of 704 KAR 3:370.
11. For each evaluation form, the Performance Evaluation Key is the same. The District intends to establish high standards as reflected in the following scale:
 - a. **Consistently Exceeds Performance Expectations** – Exemplary
 - b. **Consistently Meets Performance Expectations** - Accomplished
 - c. **Marginal Performance** – Developing
 - d. **Ineffective**

EVALUATION OF ADMINISTRATORS

The Superintendent/designee is responsible for the evaluation of all administrators. The Superintendent/designee shall confer concerning these evaluations. Principals are responsible for the evaluation of their respective Assistant/~~Associate~~ Principal(s).

All administrators are to be evaluated using the following procedures:

1. An individual meeting shall be held at the start of the evaluation cycle. In addition to reviewing the evaluation procedure, topics in this conference shall include:
 - a. the administrator's assignment and job description and the particular philosophy that the assignment may entail;
 - b. the "Yearly Plan of Goals and Objectives" for the school or program;
 - c. individual Growth Plans; and
 - d. any other supporting data.This meeting shall be documented.
2. There shall be a minimum of two (2) observations. Observations shall be documented on the approved form.
3. Formal and informal observations shall be documented and shared with the evaluatee within five (5) school days.

Evaluation**EVALUATION OF ADMINISTRATORS (CONTINUED)**

4. Designations by the Superintendent of an evaluator shall be made early in the school year. It is recommended that one administrative formal observation be completed during the first semester of the school year and one in the second semester of the school year.
5. A Summative Conference shall be held at the end of the evaluation cycle and the Evaluation form completed. Growth Plans may be completed at this time or carried over to the next cycle.

Administrators have the same rights as other certified personnel concerning evaluations including, the right to a local appeal within ten (10) workdays; the right to an appeal to the State Evaluation Appeals Panel concerning procedural violations; the opportunity to submit a written response within seven (7) workdays; and the right to have a copy of the written evaluation at least two (2) days prior to the Summative Conference.

APPEAL FORM

The appeal of an evaluation shall be filed on the prescribed form (03.18 AP.21) and filed in the Superintendent's office within ten (10) school days of the Summative Conference.

- CERTIFIED PERSONNEL -

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and /or held in the District's approved platform, and will be treated as confidential as required by law. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

ACCESSIBILITY

Evaluation records will be accessible only to:

1. Members of the District Evaluation Appeals Panel when an employee has appealed his/her summative evaluation to the Panel.
2. Administrators who supervise, or share the supervision of, the evaluatee. Generally, these administrators will include the Principal/Assistant Principal in the evaluatee's building, the Superintendent, and other District-level administrative staff members, as designated by the Superintendent.
3. The Board on advice of legal counsel and upon a majority vote when access to the information is required for lawful District purposes. Access may be permitted without a vote when such records are relevant and necessary to hearing matters or proceedings before the Board such as in the case of a demotion hearing under KRS 161.765. Except as otherwise required or authorized by law, access shall take place in closed session.
4. Records may be subpoenaed in cases where litigation occurs.

REFERENCES:

KRS 61.878
KRS 156.557
KRS 161.765
704 KAR 3:370

RELATED PROCEDURE:

03.18 AP.11

- CERTIFIED PERSONNEL -

Flexible Professional Development Request

Employee's Name _____ Date of Request _____

School _____ Position _____

Date(s) of In-Service _____ Time(s) of In-Service _____

Location of In-Service _____

Number of Hours of Professional Development Requested _____

Name of Conference/Workshop/Meeting (attach a copy of the program)

How is this Professional Development activity related to your teaching assignment and your continued professional growth? _____

Approved: _____

Principal's Signature _____ *Date* _____

Supervisor's Signature _____ *Date* _____

Due in Principal's Office five (5) days prior to meeting.

FLEXIBLE PROFESSIONAL DEVELOPMENT EVALUATION

Number of hours of credit earned at the Professional Development activity. _____

How will you utilize the information gained at this Professional Development activity?

Approved: _____

Principal's Signature _____ *Date* _____

Due in Principal's Office five (5) days following the meeting.

*** PERSONNEL REQUESTING APPROVAL FOR ATTENDANCE AT PROFESSIONAL MEETINGS THAT REQUIRE EXPENSE REIMBURSEMENT MUST COMPLETE THE TRAVEL REQUEST FORM, 03.125 AP.21 AND SUBMIT THE COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE FOR APPROVAL PRIOR TO ATTENDANCE/REGISTRATION.**

DRAFT

PERSONNEL

03.22322 AP.2

Family and Medical Leave Forms

When applying for Family and Medical Leave, see Procedure(s) ~~03.12322 AP.21/Request for Family and Medical Leave of Absence~~ 03.123 AP.2 Leave Request Form.

DRAFT

PERSONNEL

03.28 AP.12

~~—CLASSIFIED PERSONNEL—~~

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and/or held in the District's approved platform, and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

Needs Assessment

SCHOOL NEEDS ASSESSMENT

During the course ~~By the end of the second month~~ of the school year, each site administrator shall conduct and submit to the Superintendent an annual needs assessment. In SBDM schools the administrator shall conduct the assessment at the direction of the council.

If the school has developed a strategic plan or improvement plan, items identified in those plans should help determine needs. As the school develops its improvement plan, as outlined by the Department of Education, the needs assessment will assist in determining the contents of that plan.

GUIDELINES FOR SCHOOL ASSESSMENTS

The annual needs assessment shall identify existing programs, strengths of the school, and where needs exist. Examples of needs to be addressed are:

1. Instructional program
2. Student support services (counselors, music teachers, etc.)
3. Major equipment (science, technology, etc.)
4. Major maintenance (roof, heating and cooling, painting, door replacement, etc.)

DOCUMENTS TO BE REVIEWED

In preparing the District needs assessment, the Superintendent shall include a review of pertinent information, including but not limited to:

- Student academic assessment results (state-mandated tests, AP scores, nationally normed tests, SAT, ACT, etc.)
- Student noncognitive variables (attendance, drop-out rates, retention rates, etc.)
- District strategic plan or recommendations from the District's long-range plan
- Goals and objectives established by the Board and those set out in statute
- Needs assessments of individual schools
- Capital outlay needs of the District, including major maintenance needs
- Personnel salaries (Specific salary increases should not be included in the needs assessment.)
- Recommendations of accrediting associations such as the Southern Association for Elementary and Secondary Schools
- Staffing levels (The needs assessment should review staffing and programs included or funded in the schools' and District budgets.)

PRESENTATION TO THE BOARD

Annually ~~By December 1~~ the Superintendent shall have completed the District needs assessment, tabulated the results, and presented a summary report to the Board for its review and utilization in developing budget priorities. The report shall include the estimated cost for each item, and costs shall be within the revenues available to the District.

The Superintendent, at his/her discretion, may involve a committee to assist in development of the District needs assessment.

Needs Assessment**DISTRICT NEEDS ASSESSMENT (ESSA TITLE IV)**

As needed to qualify for a federal Title IV grant, the District needs assessment must be conducted once every three (3) years as specified in Every Student Succeeds Act of 2015 (ESSA). The needs assessment shall be done with input from stakeholders, including, but not limited to: parents, teachers, principals, school and community leaders, local government representatives, and others with relevant and demonstrated expertise in the area. The assessment shall examine needs for improvement of the following:

1. Access to, and opportunities for, a well-rounded education for all students;
2. School conditions for student learning in order to create a healthy and safe school environment; and
3. Access to personalized learning experiences supported by technology and professional development for the effective use of data and technology.

REFERENCE:

20 U.S.C. § 7116(d)

Maintenance and Technology Repair Requests

Maintenance and technology repair requests shall be electronically submitted through the District Utilized Platform/Process

~~The work order below is found on the District website. Maintenance requests shall be filed electronically by completing the form found on the District website.~~

DATE: _____

FACILITY: _____ -ASAP

_____ -2-5 Day

_____ -Routine Maintenance

REQUESTED BY: _____

SCHOOL ADMINSTRATOR: _____

Service Requested:

Technician Report:

Return Sheet to Central Office North - Make a Copy for your Records

Technology Repair Request

The Technology Repair request below is found on the District website. Technology Repair requests shall be filed electronically by completing the form found on the District website.

School Name: _____

Person Submitting Request: _____

Contact Person: _____

Location or Room Number: _____

Type of Request:

_____ Hardware Request

_____ Software Request

_____ Other

Equipment Type:

_____ Workstation _____ Laptop

_____ Tablet _____ Printer

_____ Server _____ Projector

_____ Smartboard _____ Doc Camera

_____ iPad _____ iPod

_____ Data Drop _____ Other

Service Tag or Serial Number: _____

Workstation Name only IP# no longer accepted: _____

Description of Problem: _____

Principal's Responsibility for School Property

The Principal/designee, under the direction of the Superintendent, shall have charge of and be responsible for the assigned school buildings, the furniture, books, equipment, apparatus, and supplies belonging thereto.

PRINCIPAL'S REQUEST FOR MAINTENANCE

The Principal shall report all needed building, equipment and grounds maintenance to the Department of Maintenance through the District's on-line work order program. Technology repair requests will also be submitted through the District's on-line platform. ~~The Technology Repair Request form shall be used for all computer equipment.~~

EMERGENCY REPAIRS

Emergencies shall be processed by telephone with follow-up made utilizing the appropriate form.

ENERGY CONSERVATION

Each year, Principals and other appropriate supervisors shall provide appropriate instruction to employees with regard to the following conservation measures:

1. Employees shall turn off lights whenever they leave an area regardless of the length of time they are to be gone.
2. District HVAC systems shall be set to room temperatures between 68 deg. F and 73 deg. F dependent on seasonal needs. Heating and cooling systems shall be scheduled as follows:
Administration Offices – no later than 5:00pm
All other areas – no later than one-hour after dismissal
Approved events outside of normal hours shall be scheduled as needed.
- ~~3. Employees or Maintenance Department personnel shall set thermostats so that the temperature will not be above 70 degrees Fahrenheit in the heating season or below 73 degrees Fahrenheit in the cooling season.~~
- ~~4.3~~ Employees shall immediately report to their supervisor any occupied areas with temperatures outside the District range of 68 deg. F and 73 deg. F that are over heating or over cooling so that these problems may be addressed~~corrected~~ by the Maintenance Department.
- ~~5.4~~ Cooling systems shall be used in buildings housing summer school programs for students. However, these cooling units shall be shut down no later than 4:00 pm each day, unless a request for an extended cooling schedule is submitted.
- ~~6.5~~ During the summer months, cooling systems in ~~other~~ buildings not housing school programs shall not be allowed to run until turned on before 8:10:00 am. If the school has cooling zones, the cleaning program shall be confined to a single zone. In any case, the cooling system shall be shut down no later than 4:00 pm, unless a request for an extended cooling schedule is submitted.
- ~~7.6~~ Administrative, guidance and library areas with separate cooling systems may be cooled during the summer months during working hours, when occupied.

Principal's Responsibility for School Property

DISPLAY OF FLAG

The Principal shall be responsible for the proper display of the Flag of the United States in compliance with KRS 2:040. During inclement weather, the Flag shall be displayed within the school building.

The Principal shall follow appropriate procedures when disposing of worn or tattered flags. The local American Legion or the Boy Scouts can assist with proper disposal.

Flags shall be furnished to the school upon request of the Principal to the Department of Buildings and Grounds. The Principal may also accept flags from groups such as the American Legion or P.T.A.

Crowd Control

PRINCIPAL'S AUTHORITY

The principal/designee shall be responsible for implementing crowd control procedures for all school-sponsored events (athletics, extra-curricular events, assemblies, etc.) on school property. The principal/designee shall have the authority to promote the orderly conduct and safety of the students and spectators attending school-sponsored events on school property.

CROWD CONTROL

Crowd control procedures shall include the following:

Pre-Event Planning:

1. Evaluate anticipated attendance, nature of the event and prior history.
2. Identify events requiring additional supervision and/or security.
3. Assign adequate personnel, which may include administrators, certified/classified staff, School Resource Officers (SROs), Law Enforcement (as needed). Supervision zones and responsibilities will be assigned.
4. Designate and clearly identify entry and exit points, spectator seating areas, and restricted access areas. Limit access to non-essential areas.
5. Ensure staff have access to communication devices.
6. Review emergency procedures prior to the event.

Supervision During Events:

1. Staff shall actively monitor assigned areas and circulate throughout the venue.
2. High-traffic areas shall be prioritized.
3. Follow the Code of Conduct and expectations.
4. Address concerns promptly to prevent escalation.
5. When appropriate, ensure law enforcement presence.
6. Maintain separation of groups when necessary to ensure safety.

Crowd Management:

1. Monitor crowd size to prevent overcrowding.
2. Maintain clear and accessible entry and exit routes.
3. Utilize multiple access points when feasible.
4. Provide staff direction to manage flow and prevent congestion.

Crowd Control**CROWD CONTROL (CONTINUED)**Incident Response:

1. Address incidents immediately by staff.
2. Notify administrator and/or SRO/Law Enforcement if needed.
3. Follow Code of Conduct and safety protocols.

Emergency Situations:

1. Implement School Emergency Management Plan
2. Coordinate with emergency responders as needed.

Post-Event Procedures:

1. Ensure orderly dismissal of attendees.
2. Provide supervision until all students have safely exited.

Enforcement:

1. Principal/designee shall ensure staff are informed of expectations for supervision and crowd control.
2. Individuals who fail to follow expectations for conduct may be: removed from the event, restricted from future events, and/or subject to disciplinary and/or legal consequences.

~~The Principal shall have authority to promote the orderly conduct and safety of the students and other spectators attending events on school property. Crowd control procedures shall include the following:~~

- ~~✓ Assignment of authorized school personnel to provide adequate supervision.~~
- ~~✓ The Principal may request law enforcement personnel to be present if s/he anticipates the crowd may pose a conduct or safety problem.

 - ~~○ Law enforcement personnel shall be provided for athletic events, as approved by the Superintendent.~~
 - ~~○ The Principal shall utilize his or her judgment regarding the number of officers needed and advise as to their placement.~~~~
- ~~✓ The admission gate or entrance shall be controlled and admission limited to eligible students, chaperones, guests, spectators, and other authorized persons.~~
- ~~✓ Persons under the influence of alcohol or drugs are subject to exclusion from the event.~~
- ~~✓ If a disturbance occurs, school authorities shall determine if the event needs to be concluded and may close the event, as appropriate, and send those in attendance off the school grounds.~~

RELATED POLICIES:

05.3
09.311
09.35

Building Security

In order to address reasonable security of District property the following practices (Items 1-3) are required in all schools and shall be implemented as soon as practicable but no later than July 1, 2022):

1. Controlling access to the main entrance of the school with electronically locking doors, a camera, and an intercom system. No other entrances shall be left open to outside access during the school day.

Windows and outside doors will be properly secured one (1) hour after the close of the school day. Custodians shall inspect all windows and exterior doors at the close of their work day.

2. Classroom doors are to be equipped with hardware that allows the door to be locked from the outside but opened from the inside. Classroom doors are to remain closed and locked during instructional time.
3. Classroom doors with windows are to be equipped with material to quickly cover the window during a building lockdown.
4. The number of keys or other means of access to outside doors will be limited and issued only to those persons required to enter the building after hours on a regular basis.
5. Outside security lights will be placed in strategic locations.
6. Inside lighting, in corridors, administrative areas, and other strategic locations, will be turned on when custodians complete their schedule.

~~7. The work schedules of custodians will be arranged to have them work in the building as late as possible.~~

~~8.7.~~ Money shall not be left in classrooms ~~or vending machines~~ overnight.

~~9.8.~~ Principals will see that bank deposits are made ~~in accordance with requirements established in the current version of the Accounting Procedures for Kentucky School Activity Funds (Redbook)~~ daily and night deposits are utilized when feasible.

~~10.9.~~ The local police and/or sheriff will be requested to place the school buildings on their security rounds.

ADDITIONAL SECURITY MEASURES

With approval of the Board, the Superintendent may direct the installation of a security system and/or the employment of security personnel. ~~A burglar alarm system shall be installed in each school and shall be activated when school is not occupied by District personnel.~~

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 designated vendor will furnish, install, and maintain, as appropriate, pumps and related equipment for gasoline and diesel fuel.

TANKS TO BE FILLED

Drivers shall keep their bus fuel tank at least half full at all times. Spare buses shall be filled with fuel and cleaned by the driver when the bus is returned to the garage.

PROCEDURES FOR ACQUIRING

Drivers will fuel their buses at the Board's fuel pump(s), as designated.

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 daily. A mechanic, upon request of the driver, will fill buses with antifreeze and transmission fluid.

When buses are to be fueled ~~away from the Board's fuel pump(s)~~, the following procedures shall be observed:

1. No ~~person~~ ~~students~~ shall be on board the bus while it is being fueled.
2. The driver shall turn off the engine and remain by fuel pump until fueling is complete.
3. Smoking shall be prohibited at the fueling station at all times.
4. The driver shall record the necessary information (bus number, mileage, number of gallons).

REPLACEMENT OF PARTS

All replacement of parts will be done by a mechanic.

EMERGENCY PROCEDURES

In case of mechanical trouble, the driver will call from a cell phone (or radio) the bus garage or the Director of Transportation/designee for instructions. In the event it becomes necessary for the driver to pay for a bus charge(s), including for fuel, s/he shall get a receipt for the payment and turn it in to the Transportation Director/designee for approval and reimbursement of expenses. The bus number, odometer reading, and number of gallons, if applicable, shall be recorded on the receipt.

OUT-OF-DISTRICT TRIPS

Upon approval of the Director of Transportation/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/designee for approval and reimbursement of expenses. In emergency situations, the Superintendent may authorize payment prior to Board approval.

TRANSPORTATION

06.13 AP.1
(CONTINUED)

Fuel and Equipment

RELATED PROCEDURES:

03.125 AP.21

04.31 AP.2

04.32 AP.1

06.13 AP.2

Bus Evacuation Drill Report

The standard for practice drills is to completely evacuate the bus within two (2) minutes. Drivers shall follow the evacuation strategies published in the *Kentucky Department of Education Driver Trainer Manual*.

Name of School _____ Principal _____

Bus Number _____ Number of students _____ Weather Conditions _____

Date of Drill _____ Time of Drill _____ Time taken to evacuate _____

Number of students using the following:

Crutches _____ Wheelchairs _____ Child Safety Restraint System _____

Other special needs; please specify _____

Check type of evacuation practiced:

front rear side front and rear front and side rear and side

front, rear and side emergency window, hatches and windshield evacuation instruction

Drill was conducted by: Principal/designee Bus driver Central Office designee

Comments: (Include any comments about safety or problems encountered during the drill.)

For each drill, the bus driver shall complete and keep on file this form and provide a copy(ies) to the Superintendent/designee, as required.

Principal/Designee's Signature: _____ *Date* _____

Bus Driver Signature: _____ *Date* _____

Superintendent / Designee Signature: _____ *Date* _____

The standard for real drills is to completely evacuate the bus within one (1) minute. Drivers shall follow the evacuation strategies specified in the *Pupil Transportation Management Manual* published by the Department of Education.

Name of School _____ Principal _____

Bus Number _____ Number of students _____ Weather Conditions _____

Date of Drill _____ Time of Drill _____ Time taken to evacuate _____

CHECK TYPE OF EVACUATION PRACTICED:

front rear side front and rear front and side rear and side

front, rear and side emergency window, hatches and windshield evacuation instruction

Drill was conducted by: Principal/designee Bus driver

~~Comments: (Include any comments about safety or problems encountered during the drill.)~~

~~For each drill, the Principal/designee shall complete and keep on file this form.~~

~~*Principal/Designee's Signature* _____ *Date* _____~~

~~*Signature of Bus Driver* _____ *Date* _____~~

Inclement Weather Plan

During periods of inclement weather and when the timing of the inclement weather permits, the Superintendent/designee and members of the Transportation staff shall evaluate weather and road conditions prior to 5:00 a.m. each school day. This evaluation shall be accomplished through on-site inspections of areas throughout the county by designated staff.

Following the evaluation, the Superintendent/designee shall determine if school is to be held or canceled. ~~If school is to be in session,~~ One of the following options shall be implemented:

- 1. Regular schedule;
- 2. Closing of School;
- ~~2.3.~~ Non-Traditional Instruction (NTI)
- ~~3.4.~~ Delay of the beginning of the school day; or
- ~~4.5.~~ Dismiss school early.

NOTIFICATION

The Director of Transportation/~~Central Office~~ designee shall prepare a plan whereby all bus drivers will be notified when school is delayed or dismissed.

In the event that school is delayed or dismissed due to inclement weather or unanticipated emergencies, an announcement shall be made through telephone, email, and text. The District will post the information on the website and social media. Additionally, it will be communicated to media outlets. ~~on the following radio and television stations:~~

- ~~_____ WKRC (550 AM) _____ WSAI (94.1 FM)~~
- ~~_____ WCKY (1530 AM) _____ WUBE (105.1 FM)~~
- ~~_____ WLW (700 AM) _____ WKRQ (102 FM)~~
- ~~_____ WSAI (1360 AM) _____ WYYS (95 FM)~~
- ~~_____ WMLX (1230 AM) _____ WRRM (98.5 FM)~~
- ~~_____ WLW (Channel 5)~~
- ~~_____ WCPO (Channel 9)~~
- ~~_____ WKRC (Channel 12)~~
- ~~_____ Immediate information can be accessed through TKR Cable Channels B-29 or A-69.~~

BUS RUNS

Drivers should be available for unexpected schedule changes.

When the opening of school is delayed, bus runs will reflect the delay.

SEVERE WEATHER

When a tornado or a severe weather warning is issued while drivers are performing their regular assignment drivers shall follow procedures designated by Kentucky Department of Education requirements and in the District safety plan. ~~Utilized Platform/Process.~~

Bus Driver Training

Training for all Kenton County School bus drivers shall meet all requirements established by Kentucky Administrative Regulations.

PROSPECTIVE DRIVERS

All prospective school bus drivers shall receive a minimum of twenty-one (21~~0~~) hours of classroom and driving instruction. Prospective drivers shall be employed as itinerant drivers during the training period.

NEWLY EMPLOYED DRIVERS

Newly employed school bus drivers ~~shall receive a minimum of six (6) additional hours of prescribed driving training under the direct supervision of a Driver Trainer. These drivers shall be evaluated after the first thirty (30) days of employment.~~

- Within five (5) working days of completion of the core curriculum (Driver Review 1)
- Driver Review 2 after 30-45 days of completing Review 1
- Driver Review 3 within three (3) – six (6) months of Driver Review 2.

MAINTENANCE OF CERTIFICATION

School bus drivers shall receive at least eight (8) hours of in-service training annually in order to maintain their driver certification.

RELATED PROCEDURE:

06.2 AP.2

Bus Scheduling and Routing

SCHEDULING AND ROUTING

The Director of Transportation/designee shall prepare a route sheet and schedule of stops for each bus in the District. Routes shall be established to insure minimal time on the bus for each pupil. Special routing of buses shall be arranged to provide appropriate transportation for special education pupils as needed.

When establishing bus stops, consideration for economy shall be limited only by requirements for safety, reasonable efficiency and convenient service to pupils. Bus stops shall be located in areas which permit students optimal safety while walking to, waiting for, and unloading of the bus.

EXTENSION OF BUS ROUTES

The Transportation Director/designee will survey the need for a route extension on request by interested parties.

~~NEW DRIVERS AND ROUTES~~

At least one (1) week prior to the opening of school, each ~~new driver and each experienced~~ driver ~~with a new route~~ shall receive his/her route sheets and schedule. The drivers shall drive their routes before school opens in order to become familiar with the route and the schedule.

TRANSPORTATION SCHEDULE

A transportation schedule will be made available to schools annually prior to the first day of school to assist school personnel in answering student and parent questions concerning bus assignments, locations of bus stops, and pick-up times for each stop.

DRIVER TO FINALIZE SCHEDULE

Each driver shall finalize his/her route schedule as soon as possible. This route schedule will contain the name of the road(s) on which the bus is routed, and the time of the stop. Drivers shall notify the Director of Transportation/designee of any revisions to their routes.

Bus Scheduling and Routing

ROUTE TIME RECORD

Driver/Monitor Name: _____ Date: _____

Bus #: _____

Part I What time do you depart from the location where the bus is parked?

Part II What time do you pick up your first student?

Part III What time do you let your last student off?

Part IV What time do you park the bus? Location: _____

Part V Total miles driven.

Part VI Comments: _____

Part VII Fill out Completely

A		B		C		D	E	F
Morning Time		Mid-day Time		Afternoon Time		Driving Time	Fuel/Clean	Total Time
Depart	Park	Depart	Park	Depart	Park		45 Minutes 0.75	
							45 Minutes 0.75	
Special Needs Staff with Preschool: ONLY use this area								

Driver/Monitor: I do hereby state the above information is true and correct.

Signature _____

Date _____

Part VIII FOR OFFICE USE ONLY – Driver/Monitor, DO NOT Fill In					
Morning Time	Mid-day Time	Afternoon Time	Drive Time	Fuel/Clean	Total Time
				45 Minutes 0.75	
Special Needs Staff with Preschool:					
				45 Minutes 0.75	

DRAFT

SUPPORT SERVICES

07.1 AP.21

Notice of Meal Charges
OVERDUE STUDENT LETTER TO PARENT/GUARDIAN

Current Date

Primary Contact First Name Primary Contact Last Name

Primary Contact Address Line1

Primary Contact Address Line2

Primary Contact City State Zip Code

Dear Parent or Guardian of Student Full Name:

Your child's meal charges at School Name Cafeteria are currently \$Account Balance.

This balance is from a previous school year. Because the main goal of the Kenton County School District's (KCSD) breakfast and lunch program is to ensure no child is hungry during the school day, your student was able to charge a meal if he or she did not have cash or funds in his or her account.

KCSD is providing a free breakfast and lunch to every student, every day as part of the Community Eligibility Program (CEP). The District is honored to be able to make sure all students have an opportunity to obtain adequate nutrition while at school. However, in order for the students to receive healthy, high quality meals, we must make sure we are financially secure. As such, paying off your student's balance helps offset expenses within the Student Nutrition Department.

As a reminder, students are not able to purchase a la carte items and extra meals if there are meal charges on their accounts - even if they have cash.

We appreciate your effort to pay off the balance. If you can only afford to pay off a portion of the balance now and a portion later, that is acceptable. Here are several options for payment:

- Add money to the MySchoolBucks account. (A non-KCSD convenience fee is charged.)
- Send a check or cash with your student to give to the cafe cashier, or you may drop it off in the front office.

If you have questions, please contact Diana Hankinson at 859-957-2659 or email diana.hankinson@kenton.kvschools.us

Regards,

Jennifer Notton

Student Nutrition Director

Date

Household address

Dear Parent/Guardian:

~~I am writing to let you know that your child's school lunch account currently has a negative balance of \$(current negative account balance). Please deposit funds into this account to fund this balance.~~

~~To add funds to your child's account, you may send in cash, check, or pay online with a credit/debit card or electronic check at www.myschoolbucks.com. My School Bucks can also be used to set up low balance notifications.~~

~~Thank you for your attention to this matter. You are encouraged to make payment as soon as possible. If payment is not made and charges continue to accrue on the student's account, we may take additional actions to secure payment.~~

Regards,

(School Cafeteria Manager)

Student Information	
Name:	
Homeroom:	
POS ID:	
Balance:	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
 - (2) fax: (202) 690-7442; or
 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.

SUPPORT SERVICES

07.1 AP.21

(CONTINUED)

Notice of Meal Charges
FOLLOW-UP NOTIFICATION

Date

Household address

Dear Parent or Guardian:

Your child's meal charges at (school cafeteria name) are currently \$(outstanding negative balance). Please contact (school cafeteria manager name) to arrange for payment of these charges or to arrange a payment plan.

If your child incurs charges exceeding \$50 during their Kenton County tenure, the debt will be considered delinquent and may be directed to the Board Attorney.

If you have any questions about the charges or this letter, please call (school cafeteria manager name and phone number).

Thank you for your attention to this matter.

Sincerely,

(School Cafeteria Manager)

Notice of Meal Charges

USDA Nondiscrimination Statement in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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 - (3) email: program.intake@usda.gov.
- This institution is an equal opportunity provider.

Free and Reduced-Price Meals

Since schools in the District participate in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program, federal and state policies and regulations must be followed.

DEFINITION

For purposes of this administrative procedure, "authorized school official" means school personnel as designated in the National School Lunch program application and agreement with the Kentucky Department of Education who are authorized by applicable law and regulation to process information or act in connection with the matter described.

STUDENTS

~~To implement required policies and regulations, these procedures will be followed for student participants:~~

- ~~F. — Free and reduced price meals will be granted on the basis of need as determined by state and federal guidelines.~~
- ~~G. — Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year. If applicable, an application form for free and reduced price meals will accompany the letter. Applications will be kept on file through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.~~
- ~~H. — If school personnel have knowledge of a student who is in need of free or reduced price meals but does not have the parents' cooperation to submit an application, an application shall be submitted in the student's name by an authorized school official.
The parents shall be notified that the child has been certified eligible to receive free/reduced price meals.~~
- ~~L. — After reviewing the application for free and reduced price meals, the eligibility of each student shall be determined by an authorized school official.~~
- ~~M. — Written notification of approval or denial of the application shall be provided to the parents.~~
- ~~N. — If the parent or guardian is dissatisfied with the above decision regarding free and reduced price meals, an appeal may be made to an authorized school official.~~
- ~~O. — A master list/roster to track student withdrawals, transfers, and entries shall be maintained by Superintendent/designee.~~

COMMUNITY ELIGIBILITY PROVISION (CEP) MEAL PROGRAM

~~If a school in the Kenton County School District participates in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program through the Community Eligibility Provision (CEP), they must follow the federal and state policies and regulations below:~~

STUDENTS

~~To implement required policies and regulations, these procedures will be followed for student participants:~~

Free and Reduced-Price Meals**STUDENTS (CONTINUED)**

1. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year
2. Household Income Forms (HIF) shall be collected by a designated District official outside of federal food service operations. It is recommended by KDE that copies of Household Income Forms (HIF) be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by the Superintendent or designee (s).

ADULTS

All school personnel regularly assigned to a school may have access to meals served in the School Food Service Program. The cost of the meal shall be determined by the Board. Charges for adult meals shall be as follows:

1. Those adults who are assigned to work full or part-time in the School Food Service Program and whose salaries are paid entirely from food service funds may at the discretion of the District receive meals at no cost.
2. All other District employees and all other adults shall pay the full adult meal price according to the following formula in FNS Instruction 782-5, Rev. 1.
 - a. Adult meal price formula for Pricing Sites: The minimum adult payment should reflect the price charged to students paying the school's designated full price, plus the current value of Federal cash and donated food assistance (entitlement and bonus) for full price meals.
 - b. Adult meal price formula for Non-Pricing Sites: The minimum adult payment should reflect the price of the free meal reimbursement, plus the current value of Federal cash and donated food assistance (entitlement and bonus).
3. It is required that the school food service program cost out their meals and ensure that the calculated price covers the cost and if not, the adult price must be higher than the calculated cost.
4. The cost of the adult meal price must be determined annually by the Board according to the current federal requirements for establishing adult meal pricing.

Preschool Education

ENROLLMENT

~~Parents/guardians enrolling their child(ren) in preschool shall follow Board policy and state and federal laws and regulations.~~

ELIGIBILITY

~~Children who reside in the District, qualify for at risk based on household income guidelines, and are four (4) years old by August 1 are eligible to enroll in preschool.~~

~~Children who reside in the District and meet eligibility criteria as having a disability are eligible to enroll in preschool as of their third birthday.~~

~~Children of employees of the District who are three (3) or four (4) years of age may be eligible as a tuition student.~~

SERVICES PROVIDED

~~Preschool classes are located in District elementary schools and are offered at no cost to parents if students qualify for free lunch.~~

~~Preschool classes are held Monday through Friday. Each classroom provides a student to teacher ratio meeting state guidelines.~~

~~All children are provided a meal.~~

TRANSPORTATION

~~Bus transportation is provided for all students enrolled in preschool.~~

HOME VISITS

~~Preschool staff shall make two (2) home visits each year.~~

CHILDREN WITH DISABILITIES

~~The following related services are available to assist children with disabilities:~~

- ~~✓ Occupational Therapy~~
- ~~✓ Physical Therapy~~
- ~~✓ Speech Therapy~~
- ~~✓ Nursing Services~~
- ~~✓ Psychological Services~~
- ~~✓ Orientation and Mobility Services~~
- ~~✓ Interpreter Services~~

CURRICULUM

~~The preschool curriculum is developmentally appropriate and tailored to meet individual needs. The curriculum shall address the following needs:~~

- ~~1. Intellectual~~
- ~~2. Social/Emotional~~
- ~~3. Physical~~
- ~~4. Communication~~
- ~~5. Self-Care~~

Preschool Education

CURRICULUM (CONTINUED)

The preschool curriculum shall have/be:

- 1. Hands on/Active Exploration
 - 2. Child Oriented
 - 3. Emphasis on Language Development and Social Interactions
- Parent involvement is encouraged.

Civics Exam**GRADUATION REQUIREMENT**

KRS 158.141 establishes that a student must pass a civics test composed of one hundred (100) questions in order to graduate from a public high school with a regular diploma. The Board will be expected to prepare or approve an exam that must be composed of questions from the United States Citizenship and Immigration Services test. Students are required to score sixty percent (60%) or higher and may retake the exam as many times as deemed necessary to pass the test. Students that have passed a similar test within the previous five (5) years shall be exempt from this civics test. Beginning with cohort 2029, students are required to score seventy percent (70%) or higher and may retake the exam as many times as deemed necessary to pass the test.

ADMINISTERING THE CIVICS EXAM

- The Civics Exam shall be administered during a student's freshman year social studies course ~~by~~ at the end of the course (i.e. end of 2nd or 3rd trimester, end of 2nd semester).
- The Civics Exam can be administered in a paper/pencil format or through the web-based platform. If the school chooses to use the paper/pencil format, a system for scoring the exam must be established.
- If a student is not in the 9th grade, but needs to pass the Civics Exam, that student should be provided the opportunity to test with the freshman class, or be provided the opportunity at another time before the end of the school year.
- If a student does not pass the Civics Exam on the first attempt, the student should be allowed to retake the test with as many attempts as needed until passing the test with a sixty percent (60%) pass rate. (Starting with the cohort 2029, students must earn a seventy percent [70%] to pass the Civics Exam.)
- Scores are to be entered into the student information system, within two (2) weeks of the Civics Exam being administered, by the assigned designee from the Principal.
- The school should have a process in place to regularly review this data and scheduling the assessment for those students who have not yet passed the test.
- When administering the Civics Exam, schools must be in accordance with the requirements and accommodations of a student's individualized education program (IEP), Program Service Plan (PSP), or 504 Plan. If a student is entitled to accommodations based on an IEP or 504 plan, these accommodations must be provided for the Civics Exam. Any English Learner student should receive accommodations that are listed in their PSP. Schools should avoid using any translated test unless they have a certified interpreter to administer and interpret the assessment.

Extended School/Direct Student Services

Eligible students shall be provided extended school (ESS) and/or direct student services (DSS) in accordance with the following procedures. Each school shall develop and implement a written plan for ESS that includes a clearly defined timeline for the delivery of services with the expectation that all services are provided in accordance with the established timeline.

ELIGIBILITY FOR EXTENDED SCHOOL SERVICES

One (1) or more of the following methods of documentation shall be used to determine which students shall be eligible for and in the greatest need of extended school services:

1. Teacher recommendation;
2. Academic performance data, including diagnostic, formative, interim, or summative assessments;
3. Student performance on high school, college, and workforce readiness assessments required by KRS 158.6459; or
4. Behavioral and developmental progress as documented in formal and informal assessments and reports.

SELECTION FOR EXTENDED SCHOOL SERVICES

Selection criteria for the extended school services program shall be in compliance with applicable administrative regulations.

NOTIFICATION TO PARENTS OF EXTENDED SCHOOL SERVICES

The District will inform parents and guardians of the availability of extended school services, the rationale for offering extended school services, and consequences of not obtaining a high school diploma.

DIRECT STUDENT SERVICES

Direct student services shall be available to students in schools identified by the State for comprehensive support and improvement and for low-achieving students in schools implementing targeted support and improvement plans. Direct student services include:

- Enrollment in academic courses not otherwise available at a student's school;
- Credit recovery and academic acceleration courses;
- Activities that assist students in successfully completing postsecondary level instruction that are accepted for credit at such institutions (Advanced Placement, International Baccalaureate, etc.);
- Components of a personalized learning approach such as high-quality academic tutoring; and
- Transportation to allow a student enrolled in a school identified for comprehensive support and improvement to transfer to another public school.

Costs associated with direct student services shall be in compliance with state and federal law and regulations.

Extended School/Direct Student Services

REFERENCES:

KRS 158.6459
704 KAR 3:390
P.L. 114-95, (Every Student Succeeds Act of 2015)

RELATED PROCEDURE:

08.133 AP.2

DRAFT TO DELETE
CURRICULUM AND INSTRUCTION

08.2323 AP.22

Device Home Use Agreement

Request for Open Enrollment

SCHOOL YEAR _____

DUE BY: _____

Terms and Conditions of Application: Please read the entire form prior to completing and submitting form. 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.)

- Open Enrollment applications will only be considered if there is adequate space in that grade level 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.
 - Athletic eligibility is determined by the KHSAA guidelines 6-12.
- **While attending the school on open enrollment**, it is our expectation that parents/guardians regularly monitor student's academic performance, behavior, and attendance to assist and support maintaining satisfactory levels.
- **This application may be denied or revoked based on the following** (applicant returned to original school):
 - If enrollment is over any class-size guidelines either at the time of the request or if the enrollment goes over these same guidelines during the year.
 - Failure to abide by any of the criteria listed above related to academic effort and performance, attendance, behavior and attitude, and/or cooperative and supportive relationship with the home.
 - There is undue impact on the programmatic needs of the school/District.

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: _____

Contact Info: (Phone) _____ (Work) _____ (Email) _____

Name of Parent/Legal Guardian: _____ Relationship: _____

Contact Info: (Phone) _____ (Work) _____ (Email) _____

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 Open Enrollment:

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: _____

Request for Open Enrollment

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."

Enrollment/Emergency Information~~**Nonresident Student Transfer Forms**~~

Parents or guardians of all new students to the District will complete the Online Registration application to provide relevant student and household information. Information collected will consist of:

- Student Information
- Legal Parent/Guardian Information (Primary Household)
- Siblings in the Same Household
- Legal Parents/Guardians in a Different Household
- Transportation
- Emergency Contacts
- Medical/Mental Health Information
- Special Services
- Disclosure Compliance Information
- Permissions, Acknowledgement & Notifications
- Home/Language Survey

~~(Vacant)~~

Disclosure/Compliance InformationForm

KRS 158.155 requires that a parent or guardian of a child who has been adjudicated guilty or previously expelled for homicide, assault, or violation of state law or school regulations relating to weapons, alcohol or drugs, notify a new school of that fact at the time of registration.

~~1.~~ In compliance with that requirement, a parent/guardian will be prompted to provide the relevant information during the registration process when completing the District's online registration application. The parent/guardian will indicate whether the student was: ~~I swear or affirm that I am the parent or guardian of~~

_____, who was:

~~_____~~ *Student's Name*

~~2.~~ 1. adjudicated guilty/convicted; and/or

~~3.~~ 2. expelled from a _____ private or public school,

i. in-state or out-of-state; and/or

~~4.~~ 3. disciplined for a violation of state law or school regulation relating to weapons,

i. alcohol or drugs; and

4. The facts of the incident leading to adjudication, expulsion, or disciplinary action.

~~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 herein are true, factual, and complete.~~

~~Affiant, Parent or Guardian's Signature~~ ~~Date~~

This information will be kept in confidence as part of a student's permanent record.

Homeless Children and Unaccompanied Youth
Adjusted Graduation Credit Contract

Student Name: _____ Date of Contract: _____

School Name: _____

School from which Transfer Credits will Be Granted: _____

Grade	School Year	School of Transfer Credits	# Expected Credits-KCSD High School	# Credits Expected at Previous School	# Adjusted Credits Awarded

Transfer Student's Adjusted Credits Total = _____

~~Expected Credits = total # of credits needed for graduation divided by 4 *~~

~~* 4 in the equation equals 4 years of high school~~

~~Transfer Student's Adjusted Credits Total = Current School Expected Credits - Previous School Expected Credits~~

~~Transfer Student's Adjusted Credits Total: _____~~

~~Adjusted Graduation Credit Total = (School Name) Grad Credits - Adjusted Credits Total~~

~~Adjusted Graduation Credit Total = _____ = _____~~

~~Adjusted Graduation Credit Total = _____~~

Grade Level Adjustment for Transfer Students

~~✓ Senior Status: Adjusted Graduation Credit Total: _____ credits (20 academic credits (including English I, II and III)~~

~~✓ Junior Status: Adjusted Graduation Credit Total: _____ credits (13 academic credits (including English I and II)~~

~~✓ Sophomore Status: Adjusted Graduation Credit Total: _____ credits (5 academic credits including English I)~~

~~Adjusted Grad Credit Total - Current # of Credits = _____ = _____~~

~~Credits needed for Grade Level placement: 10th: _____ 11th: _____ 12th: _____~~

STUDENTS _____

09.12 AP.24

(CONTINUED)

Homeless Children and Unaccompanied Youth

Adjusted Graduation Credit Contract

Has student passed civics exam? _____ Yes _____ No

Student Signature _____ Date

Parent Signature _____ Date

Counselor Signature _____ Date

*** Transfer students are required to complete all specific courses listed for the KCSD high school the student is enrolled in for graduation.*

Homeless Children and Unaccompanied Youth

The District shall support homeless children and unaccompanied youth by:

1. Awarding and accepting of credit, including partial credit, for all coursework satisfactorily completed by a student while enrolled at another school;
2. Allowing a student who was previously enrolled in a course required for graduation the opportunity, to the extent practicable, to complete the course, at no cost to the student, before the beginning of the next school year;
3. Awarding a diploma, at the student's request, by a district from which the student transferred, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate from the district to which the student transfers, but meets the graduation requirements of the district from which the student transferred. If this is a consideration, the following shall take place:
 - a. The school counselor and the District Homeless Coordinator will work with the previous district to validate credits and request the previous district to award a diploma on behalf of the Homeless Children and Unaccompanied Youth (HCUY); and
4. Exempting the student from all coursework and other requirements imposed by the Board that are in addition to the minimum requirements for high school graduation established by the Kentucky Board of Education in the district to which the student transfers, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate both from the district to which the student transfers and the district from which the student transferred.

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED

Consistent with KRS 156.160, and to the extent feasible, homeless children and unaccompanied youth transferring from outside of the District and within the District shall be awarded credit, including partial credit, for all coursework satisfactorily completed.

To ensure credit, including partial credit, is awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth, the District shall adopt written procedures addressing (written procedures are included below):

1. The tool or methodology the District shall use to calculate credit, including partial credit, to be awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth:

Homeless Children and Unaccompanied Youth**AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)**

- a) Upon enrollment of HCUY, registrars shall immediately request the academic transcript and other educational records from the previous school. School counselors will review records in order to calculate credits, including any partial credits, and contact the previous school with any questions needed. Seat time and completed coursework at the time of transfer will be used to calculate and award credits and partial credits. In order to complete partial credits efficiently, HCUY will be placed in corresponding courses at the point where they left off at the previous school (e.g., traditional courses, online courses via electronic platforms). Calculated adjusted credit requirements will be documented ~~on~~by each high school based on the number of credits required per school's SBDM policy ~~the HCUY Adjusted Graduation Credit Contract (Procedure 09.12 AP.24)~~.
2. The consolidation of partial credit, where appropriate, to provide opportunities for credit accrual that eliminate academic and nonacademic barriers for homeless children and unaccompanied youth:
 - a) Upon enrollment of HCUY, registrars shall immediately request the academic transcript and other educational records from the previous school. School counselors will review records in order to calculate credits, including any partial credits, and contact the previous school with any questions as needed. Where appropriate, staff will consolidate partial credits of "like courses" to eliminate redundancy and provide for efficient credit accrual.
 3. How the District shall provide students experiencing homelessness access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring and other extended school services available in the District to the fullest extent practicable and at nominal or no costs:
 - a) HCUY shall have access to extracurricular and summer programs available within the District, including summer school and extended school services. HCUY shall also have access to credit recovery services (e.g., summer school; online courses via electronic platforms). HCUY shall have priority scheduling in these programs and any fees or costs will be waived per Board Policy 09.15.
 4. The ways in which the District shall lessen the impact of school transfers for homeless children and unaccompanied youth, which shall include:
 - a) Identifying systems that are in place to ease the transition of students experiencing homelessness, particularly during the first two (2) weeks at a new school;

Homeless Children and Unaccompanied Youth**AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)**

- For HCUY who transfer into the District, supports and services are in place to ease their transition, including school counseling services, and homeless/transition services. During a HCUY student's first two (2) weeks of transferring into a new school, a school counselor will meet with the student (and parent/guardian) to review credit status, individual graduation plan, and other information in order to consider any supports and interventions as appropriate to ease overall transition into the new school.
 - For HCUY who transfer into the District, supports and services are in place to ease their transition, including school counseling services, and homeless/transition services. During a HCUY student's first two (2) weeks of transferring into a new school, a school counselor will meet with the student (and parent/guardian) to review credit status, individual graduation plan, and other information in order to consider any supports and interventions as appropriate to ease overall transition into the new school.
- a) Requiring counselors to provide timely assistance and advice to improve college and career readiness for students experiencing homelessness:
- c) No less than annually, a school counselor will meet with each HCUY to provide guidance and assistance regarding college and career readiness and post-secondary planning. Granting priority placement in classes offered by the District that meet state minimum graduation requirements for students who change schools at least once during a school year as a result of homelessness:
- HCUY who transfer into the District during the school year as a result of homelessness shall be granted priority scheduling and placement in classes that meet state minimum graduation requirements. Opportunities for credit recovery (e.g. traditional courses, online courses via electronic platforms) will also be considered in such circumstances.
5. How and in what circumstances the District shall allow a student experiencing homelessness who was previously enrolled in a course required for high school graduation to complete that course at no cost before the beginning of the next school year as required by KRS 156.160
- a) HCUY who fail to complete a course required for graduation shall be granted priority scheduling and placement in order to earn/recover those credits at no cost during the spring and/or summer prior to the beginning of the next school year (e.g. traditional courses, online courses via electronic platforms or summer school).

Homeless Children and Unaccompanied Youth**AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)**

6. The required review of credit accrual and the personal graduation plan for each homeless student and unaccompanied youth that is not on track to receive a high school diploma before the fifth year of high school enrollment:
 - a) A school counselor shall monitor the credit/graduation status of each HCUY no less than ~~biannually~~ ~~semesterly~~. If any such student is not on track to graduate in four (4) years, a school counselor shall meet with the student (and parent/guardian) to review credit status and individual graduation plan, and implement supports as appropriate to help the student recover credits and get back on track (e.g. academic tutoring, credit recovery via traditional courses, online courses via electronic platforms, or summer school, social/emotional supports, and/or basic needs)

The MKV liaison will coordinate and/or provide on-going training and support to counselors and FRYSCs on the following topics:

- Strategies to support homeless students during transition to a new school
- Supporting homeless students to becoming college and career ready
 - Credit recovery at no cost for courses outside the normal school year or term
- Strategies to support homeless students during transition to a new school
- Supporting homeless students to becoming college and career ready
 - Credit recovery at no cost for courses outside the normal school year or term
 - Review of individual graduation plans

REFERENCES:

KRS 156.160
704 KAR 7:090
42 U.S.C. § 1143

RELATED POLICY:

08.113

Enrolling New and Re-entering Students

GENERAL ENROLLMENT AND RECORD REVIEW

The principal/designee is responsible for ensuring the efficient review of all enrollment records including medical, special education, safety plans, behavior plans, academic interventions, etc. to determine appropriate placements and plans for the student. To ensure timely service delivery, each school must establish a clear protocol to immediately notify the principal/designee and the special education lead teacher (if the student has an Individual Education Program) when records are transferred.

MANDATORY DISCLOSURES AND ALTERNATIVE PLACEMENTS

Prompt communication and collaboration between school and district staff are crucial for consistent service delivery. The principal/designee must directly communicate with their supervisor regarding students in the following situations:

- Expulsions and Convictions: Parents must disclose if a student has been expelled or adjudicated guilty/convicted of homicide, assault, or offenses related to weapons, alcohol, or drugs. This must be documented using the Disclosure/Compliance Form (Board Procedure 9.12 AP.23).
- Alternative Placements: If a student is returning from an alternative setting such as residential program, hospital setting, juvenile justice facility, foster placement, house arrest, cabinet custody, or and extended mental health facility, the principal/designee must also ensure the following steps are taken:
 - Request that parents share discharge paperwork (including diagnoses and return-to-school recommendations, such as therapy or medication) prior to the re-entry meeting.
 - Complete a Student Re-Entry Plan.
 - Obtain a KCSD Consent to Share Information with the student's treatment providers.
 - Develop a safety plan if there is any documented history or potential for the student to harm themselves and/or others.
 - Evaluate transportation needs that may require staff training, specific communication, or interventions.

SPECIAL EDUCATION SERVICES

For students with an Individual Education Program (IEP), the principal/designee must communicate all relevant information to the district special education team to provide support addressing concerns for the student's well-being and school safety. Staff must immediately review and implement any existing Behavior Intervention Plans and/or Safety Plans, making any necessary adjustments for the new setting. An Admissions and Release Committee (ARC) meeting must be scheduled to review all records and evaluate:

- The accuracy of IEP and eligibility timelines.

Enrolling New and Re-entering Students

SPECIAL EDUCATION SERVICES (CONTINUED)

- The timely provision of required services.
- Necessary IEP amendments, including updates to present levels, special factors regarding behavior, goals, Specially Designed Instruction (SDI) and supplementary aids, program modifications and Least Restriction Environment (LRE)/placement.
- Considerations for Special Transportation as a related service.

~~(Vacant)~~

Consent to Screen for Early Entrance Admission to School

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR KINDERGARTEN

I give permission for an individual screening of my child

I understand that the screening will be conducted by qualified District staff through the use of developmentally appropriate research-based screeners, observation, and parent input. The assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. ~~Screenings shall be administered in the child's native language or other mode of communication.~~ The District will make a best effort to administer screenings in the child's native language or other mode of communication.

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature Date

FOR OFFICE USE ONLY

Common Kindergarten Screener _____ ~~Parent~~ ~~Prior~~
Self Help _____
~~Social Emotional~~ _____

Academic/Cognitive _____
Language Development _____
Physical Development _____
Core Assessment Total Score composite _____
(Academic/Cognitive,
Language & Physical
Development)

_____ Parent _____ Prior Setting
Self Help _____
Social Emotional _____

Early Entrance Recommendation to District Committee:

Recommended for Early Entrance Not Recommended for Early Entrance

Comments: _____

Signature/Date: _____

Consent to Screen for Early Entrance Admission to School

**SEEKING EARLY ENTRANCE FOR KINDERGARTEN (CONTINUED)
FOR DISTRICT REVIEW:**

Application is APPROVED for Early Entrance

District Signature

Date of Review

Application is DENIED for Early Entrance

Reasons for Denial: _____

District Signature

Date of Review

Child's Name: _____ Date of Birth: _____

SEEKING EARLY ENTRANCE FOR FIRST GRADE

I give permission for an individual screening of my child.

I understand that the screening will be conducted by qualified District staff through the use of developmentally appropriate research-based screeners, work sampling, and parent input. The assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals with limited English proficiency. The District will make a best effort to administer screenings in the child's native language or other mode of communication. ~~Screenings shall be administered in the child's native language or other mode of communication.~~

I have been advised in my native language or other mode of communication and understand the contents of this consent.

Parent/guardian Signature

Date

FOR OFFICE USE ONLY

Early Literacy Skills Screener

- _____ First Sound Fluency _____
 At or Above Benchmark Below Benchmark Well Below Benchmark
- _____ Letter Naming _____
 At or Above Benchmark Below Benchmark Well Below Benchmark
- _____ Phoneme Segmentation _____
 At or Above Benchmark Below Benchmark Well Below Benchmark
- _____ Nonsense Word _____ WWR _____
 At or Above Benchmark Below Benchmark Well Below Benchmark

Consent to Screen for Early Entrance Admission to School

SEEKING EARLY ENTRANCE FOR FIRST GRADE (CONTINUED)

Literacy Screener

- Phonological Awareness
- Phonics & Word Recognition
- Listening Comprehension
- Picture Vocabulary

Math Screener

- Counts
- Numbers & Numerals
- Computation

Early Entrance Recommendation to District Committee:

Recommended for Early Entrance

Not Recommended for Early Entrance

Comments: _____

Signature/Date: _____

FOR DISTRICT REVIEW:

Application is APPROVED for Early Entrance

District Signature

Date of Review

Application is DENIED for Early Entrance

Reasons for Denial: _____

District Signature

Date of Review

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 for mid-year applicants. 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 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: _____

Contact Info: (phone) _____ (Work) _____ (eMail) _____

Name of Parent/Legal Guardian: _____ Relationship: _____

Contact Info: (phone) _____ (Work) _____ (eMail) _____

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.

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

Nonresident 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: _____

Contact Info: (phone) _____ (Work) _____ (eMail) _____

Name of Parent/Legal Guardian: _____ Relationship: _____

Contact Info: (phone) _____ (Work) _____ (eMail) _____

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.

"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."

Verification of Emergency Conference~~Health and Safety Forms~~

STUDENT: _____ SCHOOL: _____ DATE OF CONFERENCE: _____

Purpose of Conference:

- Suicide Risk Assessment
- Threat Assessment
- Both

Today, your child made a threat to harm themselves and/or others. In an effort to keep your student and all students safe, you, as the parent/guardian, have been advised of the following:

- I have been advised that my child has expressed a substantive threat to harm themselves and/or a threat to harm others
- The suicide risk and/or threat assessment process has been explained to me.
- I have been advised of home safety and the need for supervision.
- I have been advised to seek an evaluation for my child within 24 hours
 - The type of evaluation needed has been explained to me.
 - Suicide Risk Assessment
 - Threat Assessment
 - o If I have been asked to get a threat assessment, I have been given documentation on what the school needs from the mental health provider.
 - o Mental Health Assessment
- I have been given a provider list of available community supports.
 - If applicable, I have been offered assistance to set up an appointment with a provider.
- I understand that Kenton County School District is not financially responsible for community-based evaluation or treatment.

Parent or Guardian Date

Parent or Guardian Date

School Staff Member & Title Date

School Staff Member & Title Date

FOR STAFF ONLY:

Re-entry meeting date: _____

Contact Number for Parent/Guardian to Schedule Re Entry Meeting: _____

(Vacant)

Request for Suicide Assessment~~Health Services Delegation Forms~~

Date of Letter:

Today your child made a serious threat to his/her self. Based on the investigation and the circumstances surrounding the threat, the Kenton County School District (KCSD) is requesting that a **suicide assessment** be conducted by a licensed or certified mental health professional.

The definition of a suicide assessment in KCSD is an assessment conducted by an outside mental health provider to determine if a student currently presents as a danger to themselves. This assessment is completed by a licensed mental health professional (e.g., clinical psychologist, psychiatrist, licensed professional clinical counselor, licensed clinical social worker/certified social worker, etc.). Agencies typically complete the suicide assessment in one session.

The suicide assessment must include the following information:

- Student's Name and Date of Birth
- Mental Health Evaluator's Name and License #
- Office Name and Phone Number
- The date of the assessment
- Diagnosis (if applicable)
- Modifications/Additions to Medications (if applicable)
- Recommendations for the home and school setting
- A specific statement that the student does not present as a danger to him/herself at the time of the assessment

Documentation from a mental health evaluator, with the above information, must be provided to the school when completed.

If your child does not currently work with a mental health provider, your child's school can provide you with a list of agencies who will complete the assessment. Please note that any cost associated with assessment is the responsibility of the parent/guardian.

Please contact your child's school Administration and/or School Counselor with any questions or concerns that you may have.

~~(Vacant)~~

Request for Mental Health Assessment

Date of Letter:

Due to concerns about your child, the Kenton County School District (KCSD) is requesting a **mental health assessment** be conducted by a licensed or certified mental health professional.

The definition of a mental health assessment in KCSD is a comprehensive assessment that is conducted by an outside mental health provider that determines a diagnosis and treatment recommendations. This assessment is completed by a licensed mental health professional (e.g., clinical psychologist, psychiatrist, licensed professional clinical counselor, licensed social worker, etc.). The assessment includes gathering a variety of information to inform the results (e.g., family, social and developmental history, school records, hospitalization records, etc.). This is an in-depth evaluation of the student to determine what level of support is needed in and outside of the school setting. Depending on the agency the student receives a mental health assessment from it may take one session or be completed over multiple sessions.

The mental health assessment must include the following information:

- Student's Name and Date of Birth
- Mental Health Evaluator's Name and License #
- Office Name and Phone Number
- The date of the assessment
- Diagnosis (if applicable)
- Modifications/Additions to Medications (if applicable)
- Recommendations for the home and school setting

A written statement/report from a mental health evaluator, with the above information, must be provided to the school in order to complete a support plan for the student, which may include a safety plan, re-entry plan, threat assessment case management plan, etc. The student may continue to attend school while the mental health assessment is being completed.

If your child does not currently work with a mental health provider, your child's school can provide you with a list of agencies who will complete the assessment. Please note that any cost associated with assessment is the responsibility of the parent/guardian.

Please contact your child's school Administration and/or School Counselor with any questions or concerns that you may have.

~~(Vacant)~~

Student Re-Entry Meeting and Plan

<u>Student Name:</u> _____	<u>Meeting Date:</u> _____
<u>School:</u> _____	<u>Grade:</u> _____
<u>Student Concern: Outside Suicide Assessment Outside Threat Assessment Hospitalization Other</u> _____	
<u>Name of hospital or treatment facility:</u> _____	<u>Dates of Stay:</u> _____
<u>Has documentation from a completed assessment and/or discharge summary been provided?</u> <u>No Yes</u> <u>What are the outcomes/recommendations indicated on the discharge summary?</u>	
<u>Did the student receive outside educational services (education?)</u> <u>No Yes</u> <u>If yes, request transcripts from the facility.</u>	
<u>Has the KCSD Consent to Share been completed and signed by the parent?</u> <u>No Yes</u> <u>Which agencies are included?</u> <u>CCHMC Cultivate Family Care Counseling Solutions Mebs & Assoc North Key</u> <u>One Quest Health (CHNK) SUN Behavioral Health Other: _____</u>	
<u>Does the student participate in therapy?</u> <u>No Yes, School Based Yes, Other Agency/Outpatient</u> <u>Agency Name _____ Provider Name _____</u> <u>Contact Information of Provider _____</u>	

Student Re-Entry Meeting and Plan

Does the student have missing assignments or class work? No Yes

If yes, indicate below

<u>Course</u>	<u>Teacher</u>	<u>Missing Assignment(s)</u>	<u>Plan for make-up work</u>

Plans Requiring Review and/or creation:

<u>Plan Type</u>	<u>Date of Current Plan</u>	<u>Person Responsible</u>	<u>Updates/Changes to consider on plan</u>
<u>Student Safety Plan</u> <u>Required for all re-entry meetings</u>			
<u>Special Education:</u> <u>IEP and/or BIP</u>			
<u>504</u>			
<u>IHP/Medication Review</u>			

Follow-Up meeting to discuss progress and update plan as needed: Date _____

Student Re-Entry Meeting and Plan

The following individuals participated in developing this re-entry plan for the student named above:

<u>Name</u>	<u>Signature</u>	<u>Role</u>

Completed plans:

Upload completed document into IC under PLP Documents

~~(Vacant)~~

Student Safety Plan

<u>Student Name:</u> _____	<u>Plan Start Date:</u> _____
<u>School Name:</u> _____ <u>Grade:</u> _____	
<u>Plan Needed Following:</u> <input type="checkbox"/> Suicide/Self-Harm Concern <input type="checkbox"/> Threat Concern <input type="checkbox"/> Elopement Concern <u>Other:</u> _____	
<u>How many behavior referrals have occurred within the last 12 months?</u> _____	
<u>How many Navigate 360 suicide assessment screeners have occurred within the last 12 months?</u> _____	
<u>How many outside suicide assessments have been completed within the last 12 months?</u> _____	
<u>How many Navigate 360 threat assessments have occurred within the last 12 months?</u> _____	
<u>How many outside threat assessments have been completed within the last 12 months?</u> _____	
<u>Is the student currently receiving interventions for SEB?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>If yes, what tier is the student currently in?</u> <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	
<u>Does the student need to be considered by the MTSS team for an intervention?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Does the student have a 504?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, what is the medical diagnosis:</u> _____	
<u>Does the student have a Behavior Intervention Plan?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Does the student have an IEP?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, identify the area of eligibility:</u> _____	
<u>Note: Special education staff must be consulted on next steps if the student is receiving special education services.</u>	

Student Safety Plan

School Safety Planning

1. Does the student need a modified schedule?

Yes No Indicate Details: _____

2. Does the student have any restrictions?

Yes No Indicate Details: _____

3. Does the students' items need to be searched? (By whom, how often, when?)

Yes No Indicate Details: _____

4. Does the student need an adult monitor/ escort for transitions (By whom, how often, when?)

Yes No Indicate Details: _____

5. Does the student need a designated staff member to check in with the student regularly?

Yes No

If yes, Assigned Staff Member _____

Frequency of check ins _____

6. Does the student need monitoring for precipitating events? (i.e. anniversaries, losses, perceived injustices, etc.)

Yes No Indicate Details: _____

7. Does the student need a designated Safe Place/Safe Adult on campus? Yes No

Name of Safe Adult and/or Location of safe place: _____

8. Do Any Additional Documents Need to be Created or Obtained, such as:

Release of Information with other agencies Discharge Summary

KCSD Consent to Share Other _____

Student Strengths/Interests

Blank area for student strengths and interests.

Student Safety Plan

Areas of Needed Support

Targeted Behavior, Triggers, and/or Social Emotional Concerns:

Strategies/Interventions to Support:

Emergency Assistance Considerations

If a student becomes a danger to self and/or others.

- Call/radio for staff assistance giving the location of the student.
- Have other students leave the classroom.
- Scan the classroom looking for visible items that could potentially be used to endanger self or others. Calmly remove these items.
- Block exit doors.
- Use Safe Crisis Management procedures if the student becomes a danger to self or others.

Student Safety Plan

<u>Student Team Members:</u> Staff who are directly involved with student and are responsible for following this plan	
<u>Name of Staff Member receiving plan</u>	<u>Initial/Date when plan was received</u>

Upload completed document into IC under PLP Documents

(Vacant)

Enrollment/Emergency Information Form

An ADOBE fill in form is available at www.kenton.kyschools.us. You must be able to print the form after completing and return to school.

School: _____ Grade: _____

STUDENT INFORMATION

Legal Name of Student (First, M. Last) _____

Gender of Student: _____ Date of Birth: _____

Check for 1st time enrollment in a Kentucky School _____ Student Nickname: _____

Birth Place: (Birth Certificate or other reliable proof of birth required by KRS 158.032): _____

Ethnicity (must choose one) Hispanic/Latino Not Hispanic/Latino

(choose all that apply) White Black/African American Asian

American Indian/Native Alaskan

Native Hawaiian/Other Pacific Islander

Household Phone No. _____

Household Address _____ City _____ Zip _____

Household Mailing Address (if different) _____ City/Zip _____

Has your child ever been enrolled in a Ky. School? Yes No If "yes", please name the last school attended and its address. _____

Social Security Number (Optional): _____

To participate in Kentucky Educational Excellence Scholarship (KEES) program in high school, students' social security card MUST be on file.

LEGAL PARENTS/GUARDIANS LIVING IN SAME HOUSEHOLD AS STUDENT (STUDENT'S PRIMARY HOUSEHOLD)

Legal Name: _____ Suffix: _____ Legal Name: _____ Suffix: _____

Relationship to Student: _____ Foster Relationship to Student: _____ Foster

Phone: Home () _____ Work () _____ Phone: Home () _____ Work () _____

Cell Phone: () _____ email: _____ Cell Phone: () _____ email: _____

Place of Employment: _____ Place of Employment: _____

ALL SIBLINGS LIVING IN SAME HOUSEHOLD AS STUDENT, REGARDLESS OF AGE

Legal Name: _____ Age: _____ School Attending: _____ Grade: _____

Legal Name: _____ Age: _____ School Attending: _____ Grade: _____

Legal Name: _____ Age: _____ School Attending: _____ Grade: _____

LEGAL PARENTS/GUARDIANS LIVING AT A DIFFERENT ADDRESS FROM STUDENT (FOR MAILING/PARENT PORTAL)

Legal Name: _____ Suffix: _____ Legal Name: _____ Suffix: _____

Relationship to Student: _____ Foster Relationship to Student: _____ Foster

Does this parent/guardian have joint custody? _____ Does this parent/guardian have joint custody? _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: Home () _____ Work () _____ Phone: Home () _____ Work () _____

Cell Phone: () _____ email: _____ Cell Phone: () _____ email: _____

Place of Employment: _____ Place of Employment: _____

~~Is there a court order restricting this person's access to this student? No Yes (a copy of the court order MUST be provided)~~

~~Is there a court order restricting this person's access to this student? No Yes (a copy of the court order MUST be provided)~~

Enrollment/Emergency Information Form

TRANSPORTATION

Transported one (1) mile or more to school — AM & PM Transportation — AM Transportation Only
 PM Transportation Only — Not Transported by School Bus

EMERGENCY CONTACTS (AN EMERGENCY CONTACT IS SOMEONE THE SCHOOL WILL CONTACT SHOULD SOMETHING HAPPEN TO YOUR CHILD. YOU CAN LIST UP TO THREE (3) EMERGENCY CONTACTS. LEGAL PARENTS/GUARDIANS WILL ALWAYS BE CALLED FIRST.)

Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____
Name: _____ Relation: _____ Phone 1: _____ Phone 2: _____

MEDICAL/PHYSICIAN INFORMATION

Doctor: _____ Dentist: _____

Do you have health insurance? Yes No

It is the legal parent/guardian's responsibility to send in writing, any pertinent information each year to the school nurse about serious health conditions. This information will be shared with appropriate school staff. An Administration of Medication Permission Form must be on file for any medication given to a student during the school day.

MIDDLE/HIGH SCHOOL ONLY

Has this student participated in varsity sports? Yes No If "yes", this student must complete the KHSAA Transfer Form obtained through the Athletic Office.

SPECIAL SERVICES

Has this student ever been enrolled in special education? Yes No

If "yes", at what grade level(s)? _____ What school? _____

Does this student have any physical disabilities? Yes No If "yes", please describe: _____

Does this student have a 504 Plan? Yes No If "yes", please describe: _____

Has this student been formally identified as Gifted/Talented? Yes No If "yes", in what area? _____

Has your child ever been previously expelled from school? Yes No

Has your child ever been adjudicated guilty for homicide, assault or violations relating to weapons, alcohol, or drugs?
 Yes No

KRS 158.155 requires that a parent/guardian report this conduct to school officials on the Kenton County School Disclosure/Compliance Form and verbally. (Please ask school administration for this form.)

Is your child currently under suspension from another school? Yes No

I, as legal parent/guardian, hereby state that the information contained on both sides of this form is accurate to the best of my knowledge. I am aware and I authorize the District to share pertinent medical information with any household member, emergency contact, school staff, paraprofessionals, coach volunteers and emergency personnel and to seek medical assistance for my child in an emergency. I also authorize the use of electronic sharing to communicate pertinent medical information to necessary personnel

Parent/Guardian Signature: _____ Date: _____

Enrollment/Emergency Information Form

If you did not receive the Student Code of Conduct and Expected Behavior which includes Regulations for Riding School Buses, please contact the school for a copy.

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.”

Home Language Survey

KENTON COUNTY SCHOOL DISTRICT

Dear Parent/Guardian:

The purpose of the Home Language Survey (HLS) is to determine the primary or home language of the student. This information is essential in order for schools to provide meaningful instruction for all students. The HLS is part of the statewide identification process required under Section 3113(b)(2) of the Every Student Succeeds Act (ESSA) and 703 KAR 5:070 and the related Inclusion of Special Populations Guidance.

The HLS must be given to all students in grades K-12 upon their initial enrollment in the District as a first screening process to identify potential English learner students. The HLS is administered one (1) time, upon initial enrollment in grades K-12 and remains in the student's cumulative file.

Please note that the answers to the survey below are student specific. **If a language other than English is recorded for ANY of the required survey questions below, the District is legally obligated to do further assessment of your child to determine if he/she is eligible for language support.**

Answers will not be used for determining legal status or for immigration purposes. If your child is identified for English language services, you may decline some or all of the services offered to your child.

If you have any questions on how to complete the HLS, please contact your child's school.

STUDENT INFORMATION (REQUIRED):

Name: _____

Grade: _____

STUDENT LANGUAGE BACKGROUND (REQUIRED):

6. What is the language most frequently spoken at home? _____

7. Which language did your child learn when he/she first began to talk? _____

8. What language does your child most frequently speak at home? _____

9. What language do you most frequently speak to your child? _____

LANGUAGE FOR SCHOOL COMMUNICATION (NOT REQUIRED):

In which language would you prefer to receive all school information? _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

By signing here, you certify that responses to the four required questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for language support services, to help them become fluent in English. Students qualifying for language support services are entitled to services as an English learner and will be tested annually to determine their English language proficiency as required by ESSA 1111(b)(2)(G).

FOR SCHOOL USE ONLY

School personnel who administered and explained the HLS and potential placement of a student into an English language development program if a language other than English was indicated:

Name: _____ Date: _____

Health Incident Report

Student Name: _____
Address: _____

Location: _____

School: _____
Date: _____ Time: _____
Phone: _____ FAX: _____
Witness: _____

Nature of Accident			Body Part Injured			
Abrasion	Dislocation	Shock	Abdomen	Elbow*	Hand*	Wrist*
Bruise/Bump	Possible Fracture	Sprain	Ankle*	Eye*	Head	
Burn	Head Injury		Arm*	Face	Knee*	
Cut	Laceration		Back	Finger*	Leg*	
Convulsion	Puncture		Chest	Foot*	Teeth	
Other:			Other:			

How did injury occur?

*Paired site please specify

Treatment and disposition of student:

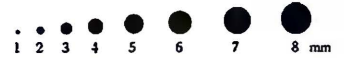
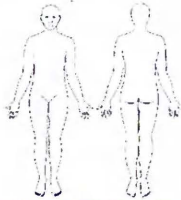
Notified Parent/ Guardian _____

Time _____

Signature of person completing report

Signature of Principal/Designee

COMMENTS



TO CENTRAL OFFICE: Yes No DATE _____

Student Name: _____ School: _____
 Address: _____ Date: _____ Time: _____
 _____ Phone: _____ FAX: _____
 Location: _____
 Witness: _____

NATURE OF ACCIDENT		BODY PART INJURED		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow*	<input type="checkbox"/> Hand*
<input type="checkbox"/> Shock	<input type="checkbox"/> Bruise/Bump	<input type="checkbox"/> Wrist*	<input type="checkbox"/> Ankle*	<input type="checkbox"/> Eye*
<input type="checkbox"/> Possible Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Arm*	<input type="checkbox"/> Face	<input type="checkbox"/> Knee*
<input type="checkbox"/> Burn	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Back	<input type="checkbox"/> Finger*	<input type="checkbox"/> Leg*
<input type="checkbox"/> Cut	<input type="checkbox"/> Laceration	<input type="checkbox"/> Head	<input type="checkbox"/> Foot*	<input type="checkbox"/> Teeth
<input type="checkbox"/> Convulsion	<input type="checkbox"/> Puncture	<input type="checkbox"/> Chest		
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____		

*Paired site Please specify

How did injury occur?

Treatment and disposition of student:

Notified Parent/Guardian: _____ Time: _____

Signature of Person Completing the Report _____ *Signature of Principal/Designee*

Comments:

Faxed to Central Office: Yes No Date: _____

Student Medication Guidelines

MEDICATIONS

1. The first dose of any new medication should be given at home when possible. Medication that must be given at school should 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. Medicines not in their original bottle shall be sent home with parent/guardian. DO NOT ACCEPT medication not in the original bottle or without current authorization forms. If medications are brought in incorrect containers, immediately put these medications into lock-up and contact the parent/guardian to pick them up.
3. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and epinephrine devices) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
4. Any use of opioid antagonist shall comply with KRS 217.186.
5. NOTE: Staff shall keep all personal medication in a secured space and in the original labeled bottles. At no time shall any employee administer their personal prescription or over-the-counter medication to a student.
6. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
7. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written or electronic record.

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 separate 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 each time a dose is administered.

Student Medication Guidelines

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log or in the Student Information System (SIS). Records must be kept on file in the student's cumulative folder or in the SIS. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder or in the SIS when completed or when the medication is changed/discontinued.

All relevant documents (Medication Administration Forms, daily logs, parent notes, training sheets, lists of authorized medication administrators) are to be kept in accordance with the Records Retention Schedule, Public School District.

DISPOSAL OF UNUSED MEDICATION

Notice shall be provided to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

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) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

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.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.

Student Medication Guidelines

MEDICATION ERROR (CONTINUED)

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

Student Medication Logs
KENTON COUNTY SCHOOL DISTRICT MEDICATION ADMINISTRATION RECORD

Students Name: _____ Grade: _____ Teacher: _____

ALLERGIES YES NO

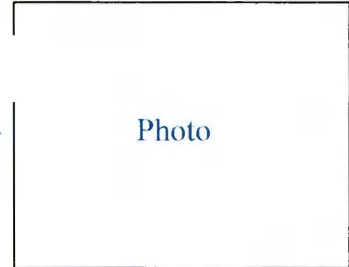
Parents Name: _____ Phone: _____

Prescribing Doctor: _____ Phone: _____

Name of Medication _____ Dosage: _____

Direction/Time _____ Route: _____

School Year _____



Record the time the medication is given and the initials of the person administrating the medication.

Self-carry N/A YES NO

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
SEPT																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															
JUL																															

CODES: ABS=ABSENT NS=NO SHOW FT=FIELD TRIP S=SUSPENSION R=REFUSED NM=NO MED SD=SNOW DAY C=SCHOOL LOSED

 INITIAL SIGNATURE INITIAL SIGNATURE

*****THERE ARE MORE SPACES ON BACK FOR INITIALS AND SIGNATURES*****

MED EXPIRATION DATE:

MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____ GRADE/TEAM: _____ TEACHERS: _____ EXTENSION: _____

Name of Parent: _____ Phone: _____ Work Phone: _____

Prescribing Doctor: _____

Name of Medication: _____

Dosage: _____ Directions: _____ Allergies: _____

SCHOOL YEAR: _____

Record the time the medication is given and the initials of the person administering the medication.

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

Documentation Codes:

(A) Absent (NS) No show (FT) Field trip (S) Suspension (R) Refused (NM) No medication

If you are administering medication, please identify your initials with a signature:

Initial Signature Initial Signature Initial Signature

Initial Signature Initial Signature Initial Signature

Parade Procedures and Float Entry Request

~~ELIGIBILITY~~

~~School organizations are eligible to enter a float/vehicle in a parade provided the following requirements are met:~~

- ~~✓ A member must submit the attached entry form including a drawing and description to the parade sponsor;~~
- ~~✓ At least one (1) member of the organization constructing a float/vehicle must attend a float rules meeting; and~~
- ~~✓ Using the approved District check list, each float/vehicle entry must pass a final inspection.~~

~~FIRE PREVENTION~~

~~Floats/vehicles shall meet the following fire prevention requirements:~~

- ~~✓ Smoking and use of any open flame shall not be permitted on or near any float/vehicle;~~
- ~~✓ Displays on floats/vehicles shall not use fireworks or explosives;~~
- ~~✓ No gasoline containers or compressed gasses (such as helium or propane tanks) shall be permitted on floats/vehicles; and~~
- ~~✓ All decorative materials must be fire retardant. (Note: bales of hay are not fire retardant.)~~

~~FLOAT PERSONNEL~~

~~The number of occupants on a float shall be determined by the size and design of the float and at the discretion of the school administration. Each float/vehicle is required to have one (1) adult supervisor walking on either side. A reasonable number of adult supervisors is required for walking groups.~~

~~DISTRIBUTION OF CANDY~~

~~No candy shall be tossed out or thrown from floats/vehicles but may be distributed by walking participants.~~

Float Entry Request

School: _____

Date of Parade: _____

Class Sponsor/Float/Vehicle Chairperson: _____

Description of Float/Vehicle Entry: _____

Names of Personnel who will be riding/walking with the float/vehicle: _____

Sponsor's Signature _____

Date _____

Athletic Director's Signature _____

Date _____

Float/Vehicle Checklist

10. All materials are flame retardant. _____ Initials _____

11. Driver's Name: _____ Initials _____

4. Valid Driver's License

5. Proof of Insurance

6. Volunteer Criminal Record Check

a. Exhaust system not in contact with and/or extended beyond decorations. _____ Initials _____

b. Unit has an accessible fire extinguisher. _____ Initials _____

c. A minimum of 2 adult supervisors walking next to float. _____ Initials _____

d. A reasonable number of adult supervisors are present for walking parade entries. _____ Initials _____

e. No gasoline or other flammable liquids are being carried on the float/vehicle. _____ Initials _____

f. No compressed gasses such as helium or propane are being used on the float/vehicle. _____ Initials _____

g. No discharging of firearms, fireworks, or similar types of noise makers are being used. _____ Initials _____

Checked By/Accepted

Date

Comments:

School-Related Student Trips Use and Rental of School Buses/Vans

The following guidelines are for persons requesting the use or rental of District buses/vans.

1. Any school or organization requesting the use of a District bus/van shall use a driver who has fulfilled all requirements established by the Board and state and federal laws.
2. A certified or classified staff member must accompany students on all school-sponsored or school-endorsed trips. For athletic trips, a nonfaculty coach or a nonfaculty assistant may accompany students as provided in statute. Persons designated to accompany students shall be at least twenty-one (21) years old. However, on all ~~student~~**cultural** activity and band trips ~~one~~**two (2)** ~~teachers~~**chaperones** must accompany each bus. If necessary, they should position themselves in different areas of the bus in order to maintain passenger control.
3. In no instance shall the transportation of student organizations for extra-curricular activities conflict or impair the ability of the Department of Transportation to transport students to and from school.
4. When a school requests that buses/vans be made available for long trips, it may become necessary for the Transportation Department to send additional drivers. As a result of this, transportation costs shall increase.
5. Athletic teams and bands shall schedule as many events as possible in the local area. This does not apply to district, regional, or state competition or a tournament or competition of a special nature.
6. The school/organization sponsoring the activity is responsible for paying all tolls and/or parking fees.
7. The school/organization shall pay bus/van rental charges which are established annually by the Board and posted on the District website.
8. Confirmation of all educational field trips shall be made with the Transportation Department twenty-four (24) hours prior to the date of the scheduled trip.
9. The District has the right to charge for trips that are not cancelled within two (2) hours of the scheduled departure time, based on actual costs associated with the driver's time and mileage.

School-Related Student Trips Transportation Request Form

Transportation Department <u>11800 Taylor Mill</u> <u>Rd. Madison Pk.</u> Independence, KY 41051 859-356-0253	School: _____ Teacher/sponsor _____ Date of Student Trip _____ Grade: _ # of Students: _ # of Adults _ # of Buses/Vans _____
Destination _____ What time should bus/van arrive at school? _____ A.M. P.M. What time will bus/van leave from school? _____ A.M. P.M. What time will bus/van <u>arrive back</u> return to school? _____ A.M. P.M. Do you have students with special transportation needs? _____ Comments (include all directions): _____	
Signature of teacher/sponsor: _____	
Approval: Signature of Principal _____ Date _____	

TO REQUEST A BUS/VAN

Teachers/sponsors shall complete this form and work with the school secretary to enter the request into the "Trip Direct" system to secure a bus/van for their student trip. If needed, call the Transportation Department directly to request a bus/van for your student trip.

For planning purposes:

1. The teacher/sponsor shall review and follow the District School-Related Student Trips Policy (09.36) and procedures.
2. Buses/vans must return to school by 1:30 p.m.
3. Approximately fifty-five (55) elementary or fifty (50) middle or high school students can be assigned to a bus. District-owned vans may only be used when transporting nine (9) or fewer passengers, including the driver.
4. All requests must be entered into "Trip Direct" at least two (2) weeks before the date of the school-related student trip.
5. The teacher/sponsor shall contact the Transportation Department twenty-four (24) hours~~on the day~~ before the trip to confirm the reservation.

The Athletic Director or Coaches shall contact their assigned Transportation Department Area Coordinator to secure buses/vans for their entire season of games and practices.

School-Related Student Trips Transportation Consent Form

Students are provided a broad range of activities at all grade levels in the District. This may place constraints on the ability of the District to provide transportation for all activities at all times. There are events/activities that may require or allow alternative methods of transportation for students. Annually, this form shall be handed out, completed and returned to the teacher/sponsor/coach to be placed on file in the school.

The District shall provide transportation to events/activities in accordance with Policy 09.36. Students shall utilize transportation provided by the District. Upon approval of the Superintendent/designee, this request can be altered to meet identified event/activity needs. At the conclusion of an event/activity, the teacher/sponsor/coach will have the discretion to allow students to be signed out by the individuals listed below.

Name of Student: _____ Date of Birth: _____

Name of School: _____ Grade: _____

In cases when the District does not provide transportation to events/activities, or when students are allowed to sign-out at the conclusion of an event/activity, I consent to the following means of transportation for my child (check all that apply):

- I consent to my child transporting other students.
- I shall be responsible for transporting my child.
- My child may transport himself/herself.
- I give permission for my child to be transported by the following individuals:

I hereby certify that I have made my child aware that he/she can ride to/from any school event/activity with only the individuals I have listed above. _____ (Initials required)

I affirm that my child will be responsible to adhere to this list of individuals authorized to transport him/her. _____ (Initials required)

I understand that it is my responsibility to complete and submit to the school office any revisions to this list of individuals my child can ride to/from any school event with. _____ (Initials required)

In consideration of the advantages to my child of participating in school events/activities, and to the extent allowable by law, I hereby release and hold harmless the Kenton County Board of Education, its members, employees, agents, representatives and insurers, and the School and its employees and agents, from any liability for bodily injury or death resulting from said transportation. I sign this release individually and on behalf of my student.

Signature of Parent/Guardian of the Above-Named Student _____ Date

Completed forms shall be kept in the school office for reference by my child and his/her teacher/sponsor/coach. Please contact the school office to address emergency situations that may require alternate transportation plans.

Threat Assessment Team Procedures

The following procedures should be used by the school to identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security.

IDENTIFICATION OF A POTENTIAL THREAT

The threat assessment team, utilizing available data and exercising reasonable discretion to assess student behavior, shall identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security. The process shall not use a profile of characteristics to identify a threat, and should ~~be calculated to~~ take into consideration behaviors, statements, or other communications to identify a potential threat to school safety and school security as follows:

1. Any staff member receiving information indicating a potential threat to school safety and school security shall notify the school Principal.
2. The school Principal shall notify the District office.
3. Once a threat is reported, school administration shall investigate immediately. The Code of Conduct and Expected Behavior shall be followed in situations where school discipline is warranted.
4. If a threat to student safety is identified, steps shall be taken to mitigate the threat.

Once a potential threat has been investigated and mitigated by school administration, an initial threat assessment screener shall be completed within twenty-four (24) hours of the threat. If the screener determines a full threat assessment should be conducted:

1. Administrator assigns tasks to the members of the threat assessment team.
2. Administrator sets a meeting, within five (5) school days, to convene the threat assessment team. At this meeting, the team shall review all information collected, assess the level of the threat, and develop a case management plan for students who are identified as moderate/high/imminent risk.
3. Threat assessments shall be reviewed monthly by the threat assessment team and case management plans adjusted as needed during this monthly meeting.
4. All documentation, including the case management plan and follow up, shall be housed in the threat assessment system.

CREDIBLE THREATS BY STUDENTS

A student who makes a credible threat shall be required to have a ~~threatsafety~~ assessment prior to returning to school. When requested, this assessment shall be completed by a qualified, licensed mental health provider. The student shall not be allowed to return to school until the assessment is completed and documentation is provided to school administration. ~~information requested by the school is provided to administration.~~ Parents will be notified of this request by the Principal/designee and will be documented through the Verification of Emergency Conference form and Request for Threat Assessment letter. The school ~~may~~shall support the family with ~~setting up~~scheduling an appointment for the assessment if ~~help is needed~~requested by the family. School administration/designee shall notify the District office when a threat is credible and a ~~threatsafety~~ assessment is required.

Threat Assessment Team Procedures**CREDIBLE THREATS BY STUDENTS (CONTINUED)**

A student who makes a credible threat shall be required to have a re-entry meeting upon return to school. At this meeting, the Re-Entry Meeting and Plan will be completed, along with the Threat Assessment Case Management Plan and Student Safety Plan, and a safety plan. ~~A student who makes a credible threat shall have a case management plan~~ which outlines safety measures and supports for the student. This plan shall be reviewed monthly by the threat assessment team. A student who makes a credible threat shall be required to have a re-entry meeting upon return to school and a safety plan.

Threat Assessment Case Management Plan

****To be completed for moderate, high, imminent levels of threat as indicated in Navigate 360****

<u>Student Information</u>	
<u>Student Name:</u>	<u>Plan Start Date:</u>
<u>DOB:</u>	<u>Date Plan Uploaded Into Navigate:</u>
<u>School Name and Grade:</u>	
Is the student currently receiving interventions for SEB? <input type="checkbox"/> If yes, what tier is the student currently in <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3	
Does the student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the area of eligibility: _____ If yes, does an ARC need to be scheduled to review goals and objectives? <input type="checkbox"/> Yes <input type="checkbox"/> No Date for ARC: _____	
Does the student have a Behavior Intervention Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a 504? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, identify the area of eligibility: _____	
<u>Note: Special education staff should be consulted on next steps if the student is receiving special education services.</u>	
Was there a Code of Conduct Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was the violation? _____ What _____ was _____ the _____ resolution? _____	

Threat Assessment Case Management Plan

Next Steps: Indicate which items apply to the student

<u>Documents to Complete/Update</u>	<u>Social Supports</u>
<u>Conduct Functional Behavior Assessment (FBA)</u>	<u>Engage in prosocial leadership activities</u>
<u>Develop/Revise Behavioral Intervention Plan (BIP)</u>	<u>Increase engagement in school activities</u>
<u>Develop/Revise 504 Plan</u>	<u>Peer Mentor</u>
<u>Special Education Referral</u>	<u>Adult Mentor (Adult Advocate)</u>
<u>Verification of Emergency Conference</u>	
<u>Request for Threat Assessment</u>	
<u>Consent to Share Information</u>	
<u>Student Safety Plan</u>	
<u>School Supports</u>	<u>Outside Agency Support</u>
<u>Consider placement adjustments in MTSS</u>	<u>Evaluation – psychiatric/psychological</u>
<u>Change of placement to access more intensive services</u>	<u>Law Enforcement Involvement</u>
<u>Intervention team referral</u>	<u>Cabinet Report</u>
<u>Supports from behavior specialist (consult from SEB)</u>	<u>School Based therapy referral</u>
<u>Consult with Special Education (if applicable)</u>	
<u>Monitor grievances and/or precipitating events</u>	
<u>De-escalation training for staff</u>	Additional Next Steps:
	<u>Counseling - in school</u>
	<u>Change in transportation</u>

Upload completed document into Navigate 360~~(vacant)~~

Verification of Emergency Conference

STUDENT: _____ SCHOOL: _____

DATE OF CONFERENCE: _____

Purpose of Conference:

- Suicide Risk Assessment
- Threat Assessment
- Both

Today, your child made a threat to harm themselves and/or others. In an effort to keep your student and all students safe, you, as the parent/guardian, have been advised of the following:

I have been advised that my child has expressed a substantive threat to harm themselves and/or a threat to harm others

The suicide risk and/or threat assessment process has been explained to me.

I have been advised of home safety and the need for supervision.

I have been advised to seek an evaluation for my child within 24 hours

- The type of evaluation needed has been explained to me.

- Suicide Risk Assessment

- Threat Assessment

- If I have been asked to get a threat assessment, I have been given documentation on what the school needs from the mental health provider.

- Mental Health Assessment

I have been given a provider list of available community supports.

- If applicable, I have been offered assistance to set up an appointment with a provider.

I understand that Kenton County School District is not financially responsible for community-based evaluation or treatment.

Parent or Guardian Date

Parent or Guardian Date

School Staff Member & Title Date

School Staff Member & Title Date

FOR STAFF ONLY:

Re-entry meeting date: _____

Contact Number for Parent/Guardian to Schedule Re Entry Meeting: _____ (vacant)

Request for Threat Assessment

Date of Letter:

Today your child made a serious threat to self and/or others. Based on the investigation and the circumstances surrounding the threat, the Kenton County School District (KCSO) is requesting a **threat assessment** be conducted by a licensed or certified mental health professional before returning to in person learning.

The definition of a **threat** assessment in KCSO is an assessment conducted by an outside mental health provider to determine if a student is a danger to self and/or others. This assessment is completed by a licensed mental health professional (e.g., clinical psychologist, psychiatrist, licensed professional clinical counselor, licensed clinical social worker/certified social worker, etc.). All agencies complete the threat assessment in one session.

The **threat** assessment must include the following information:

- Student's Name and Date of Birth
- Mental Health Evaluator's Name and License #
- Office Name and Phone Number
- The date of the assessment
- Diagnosis (if applicable)
- Modifications/Additions to Medications (if applicable)
- Recommendations for the home and school setting
- A specific statement that the student does not present as a danger to others at the time of the assessment

A written statement from a mental health evaluator, with the above information, must be provided to the school before the student may return to in person learning.

If your child does not currently work with a mental health provider, your child's school can provide you with a list of agencies who will complete the assessment. Please note that any cost associated with assessment is the responsibility of the parent/guardian.

Please contact your child's school Administration and/or School Counselor with any questions or concerns that you may have.

(vacant)

Request for Mental Health Assessment

Date of Letter:

Due to concerns about your child, the Kenton County School District (KCSD) is requesting a **mental health assessment** be conducted by a licensed or certified mental health professional.

The definition of a mental health assessment in KCSD is a comprehensive assessment that is conducted by an outside mental health provider that determines a diagnosis and treatment recommendations. This assessment is completed by a licensed mental health professional (e.g., clinical psychologist, psychiatrist, licensed professional clinical counselor, licensed social worker, etc.). The assessment includes gathering a variety of information to inform the results (e.g., family, social and developmental history, school records, hospitalization records, etc.). This is an in-depth evaluation of the student to determine what level of support is needed in and outside of the school setting. Depending on the agency the student receives a mental health assessment from it may take one session or be completed over multiple sessions.

The mental health assessment must include the following information:

- Student's Name and Date of Birth
- Mental Health Evaluator's Name and License #
- Office Name and Phone Number
- The date of the assessment
- Diagnosis (if applicable)
- Modifications/Additions to Medications (if applicable)
- Recommendations for the home and school setting

A written statement/report from a mental health evaluator, with the above information, must be provided to the school in order to complete a support plan for the student, which may include a safety plan, re-entry plan, threat assessment case management plan, etc. The student may continue to attend school while the mental health assessment is being completed.

If your child does not currently work with a mental health provider, your child's school can provide you with a list of agencies who will complete the assessment. Please note that any cost associated with assessment is the responsibility of the parent/guardian.

Please contact your child's school Administration and/or School Counselor with any questions or concerns that you may have.

(vacant)

Student Re-Entry Meeting and Plan

<u>Student Name:</u>	<u>Meeting Date:</u>
<u>School:</u>	<u>Grade:</u>
<u>Student Concern: Outside Suicide Assessment Outside Threat Assessment Hospitalization Other _____</u>	
<u>Name of hospital or treatment facility:</u>	<u>Dates of Stay:</u>
<u>Has documentation from a completed assessment and/or discharge summary been provided?</u> <u>No Yes</u> <u>What are the outcomes/recommendations indicated on the discharge summary?</u>	
<u>Did the student receive outside educational services (education?)</u> <u>No Yes</u> <u>If yes, request transcripts from the facility.</u>	
<u>Has the KCSD Consent to Share been completed and signed by the parent?</u> <u>No Yes</u> <u>Which agencies are included?</u> <u>CCHMC Cultivate Family Care Counseling Solutions Mebs & Assoc North Key</u> <u>One Quest Health (CHNK) SUN Behavioral Health Other: _____</u>	
<u>Does the student participate in therapy?</u> <u>No Yes, School Based Yes, Other Agency/Outpatient</u> <u>Agency Name _____ Provider Name _____</u> <u>Contact Information of Provider _____</u>	

Student Re-Entry Meeting and Plan

Does the student have missing assignments or class work? No Yes

If yes, indicate below

<u>Course</u>	<u>Teacher</u>	<u>Missing Assignment(s)</u>	<u>Plan for make-up work</u>

Plans Requiring Review and/or creation:

<u>Plan Type</u>	<u>Date of Current Plan</u>	<u>Person Responsible</u>	<u>Updates/Changes to consider on plan</u>
<u>Student Safety Plan</u> <u>Required for all re-entry meetings</u>			
<u>Special Education:</u> <u>IEP and/or BIP</u>			
<u>504</u>			
<u>IHP/Medication Review</u>			

Follow-Up meeting to discuss progress and update plan as needed: Date _____

Student Re-Entry Meeting and Plan

The following individuals participated in developing this re-entry plan for the student named above:

<u>Name</u>	<u>Signature</u>	<u>Role</u>

Completed plans:

Upload completed document into IC under PLP Documents

(vacant)

Student Safety Plan

<u>Student Name:</u>	<u>Plan Start Date:</u>
<u>School Name:</u> _____ <u>Grade:</u> _____	
<u>Plan Needed Following:</u> <input type="checkbox"/> Suicide/Self-Harm Concern <input type="checkbox"/> Threat Concern <input type="checkbox"/> Elopement Concern <u>Other:</u> _____	
<u>How many behavior referrals have occurred within the last 12 months?</u> _____	
<u>How many Navigate 360 suicide assessment screeners have occurred within the last 12 months?</u> _____ <u>How many outside suicide assessments have been completed within the last 12 months?</u> _____ <u>How many Navigate 360 threat assessments have occurred within the last 12 months?</u> _____ <u>How many outside threat assessments have been completed within the last 12 months?</u> _____	
<u>Is the student currently receiving interventions for SEB?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, what tier is the student currently in?</u> <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <u>Does the student need to be considered by the MTSS team for an intervention?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Does the student have a 504?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, what is the medical diagnosis:</u> _____	
<u>Does the student have a Behavior Intervention Plan?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Does the student have an IEP?</u> <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes, identify the area of eligibility:</u> _____	
<u>Note: Special education staff must be consulted on next steps if the student is receiving special education services.</u>	

Student Safety Plan

School Safety Planning

1. Does the student need a modified schedule?

Yes No Indicate Details: _____

2. Does the student have any restrictions?

Yes No Indicate Details: _____

3. Does the students' items need to be searched? (By whom, how often, when?)

Yes No Indicate Details: _____

4. Does the student need an adult monitor/ escort for transitions (By whom, how often, when?) Yes No Indicate Details: _____

5. Does the student need a designated staff member to check in with the student regularly? Yes No

If yes: Assigned Staff Member _____ Frequency of check ins _____

6. Does the student need monitoring for precipitating events? (i.e. anniversaries, losses, perceived injustices, etc.)

Yes No Indicate Details: _____

7. Does the student need a designated Safe Place/Safe Adult on campus? Yes No

Name of Safe Adult and/or Location of safe place: _____

8. Do Any Additional Documents Need to be Created or Obtained, such as:

Release of Information with other agencies Discharge Summary

KCSD Consent to Share Other _____

Student Strengths/Interests

Empty box for Student Strengths/Interests

Student Safety Plan

<u>Areas of Needed Support</u>
<u>Targeted Behavior, Triggers, and/or Social Emotional Concerns:</u>
<u>Strategies/Interventions to Support:</u>

<u>Emergency Assistance Considerations</u>
<u>If a student becomes a danger to self and/or others.</u>
<ul style="list-style-type: none">• <u>Call/radio for staff assistance giving the location of the student.</u>• <u>Have other students leave the classroom.</u>• <u>Scan the classroom looking for visible items that could potentially be used to endanger self or others. Calmly remove these items.</u>• <u>Block exit doors.</u>• <u>Use Safe Crisis Management procedures if the student becomes a danger to self or others.</u>

Student Safety Plan

<u>Student Team Members:</u>	
Staff who are directly involved with student and are responsible for following this plan	
<u>Name of Staff Member receiving plan</u>	<u>Initial/Date when plan was received</u>

Upload completed document into IC under PLP Documents

(vacant)

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 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 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 ~~up to no less than~~ one (1) calendar year in an alternative placement of Performance-Based Instruction followed by a ~~six (6) month~~ transition period of up to six (6) months at the Virtual Learning Center prior to being eligible to returning to their home school. Additional conditions may be required on a ~~ease by ease~~ 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

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..

- ~~12.~~ Complete original alternative placement period
- Student does not have any Level III or IV Code of Conduct behavior violations
- 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)

STUDENTS

09.435 AP.24
(CONTINUED)

Administrative Hearing Form

SUPERINTENDENT/DESIGNEE FOR RECOMMENDED EXPULSION

EXPECTED CRITERIA FOR REINSTATEMENT (CONTINUED)

- 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 District 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/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 _____

Travel Authorization Request

Employee Name: _____ Group sponsoring professional event: _____
 School/Department: _____ Type of meeting or purpose of event: _____
 Meeting attendance dates: _____ thru _____

1. Estimate all travel expenses, including those paid by Purchase Order.
2. Have your supervisor and grant administrator approve this form.
3. Send this form to Superintendent/Designee for approval prior to travel.
4. Complete actual mileage & expenses after travel .

Dates you will travel: _____ and _____
 Location of your meeting: _____
 Other employees traveling with you: _____

If actual travel is over three (3) days, use additional pages.

		Date:		Date:		Date:	
		Estimate	Actual	Estimate	Actual	Estimate	Actual
Substitute Needed: _____		Mileage per/day					
		Mileage Cost					
Meal rate reimbursement during travel status requires overnight stay. Meals provided at event are not reimbursed. High-rate area meal rates reimbursement paid per policy.	6:30-9:00am	Breakfast \$12.00	\$	\$	\$	\$	\$
	11:00-2:00pm	Lunch \$15.00	\$	\$	\$	\$	\$
	5:00-9:00pm	Dinner \$23.00	\$	\$	\$	\$	\$
Check the box to the right if this expense will be paid with a District PO and the employee will not be reimbursed. Receipts are required.	Airline Tickets		\$	\$	\$	\$	\$
	Lodging		\$	\$	\$	\$	\$
	Registration Fee		\$	\$	\$	\$	\$
	Taxi/Uber/Tolls/Pkg		\$	\$	\$	\$	\$

Funding source: _____ # _____ Account Charged: Org _____ Object # _____ Project # _____

PRIOR TO TRAVEL. Approval of all estimated expenses for this trip	
Total Estimate: _____	
Supervisor's Signature: _____	Date _____
Grant Admin's Signature: _____	Date _____
Supt/Designee Signature _____	Dates _____
<i>If approved, this form will be returned to you so you can use it to request reimbursement of actual expenses paid after your travel.</i>	

AFTER TRAVEL. Approval of actual expense to be reimbursed to employee	
Total expenses paid by employee = reimbursement : _____	
(Attach receipts if applicable)	
Employee Signature: _____	Date _____
Supervisor Finance Dept Verification: _____	\$ _____
<i>Requests for reimbursement of the actual expenses you paid must be submitted to the Accounts Payable dept. no later than sixty (60) days after the date of travel.</i>	

Incomplete forms will be returned, which could delay approval and/or reimbursement. Page _____

Reimbursement will occur after final Board approval on the next scheduled paycheck.

Authority to Encumber and Expend funds

SCHOOL PURCHASING

1. Funds for expenditures authorized by the approved budget are to be made available to each Principal and School Council who will advise staff of the available appropriation.
2. Principal/School Council shall budget the allocations available to the school. Purchases made from these allocations shall be authorized on District requisition forms.
3. Requisitions forms are to be completed by the department head or teacher and sent to the Principal/designee for approval.
4. If the requisition is approved by the Principal/designee, it is then forwarded to the school's financial secretary or the appropriate Central Office personnel to enter into the District's financial software as a requisition.
5. The requisition is reviewed at the Central Office to ensure compliance with KRS 45A. Once compliance has been verified the requisition is converted into a board purchase order.
6. If approved~~Unless otherwise specified, the order is placed,~~ copies of the purchase order shall be forwarded to the vendor, the accounts payable office, and to the secretary of the school that initiated the purchase.
7. When the order arrives, the school secretary verifies the items received against the items listed on the purchase order and vendor invoice, makes notations of any discrepancies on the purchase order copy, and forwards the notated purchase order copy and approved invoice~~along with any applicable packing slips~~ to the accounts payable department for payment~~to be matched against the invoice.~~
8. The District Finance Officer clears the invoice for payment and charges the expenditure to the appropriate school account. The Superintendent/designee shall send a budget update to each school at least once each quarter.
9. All requisitions for the current fiscal year must be approved by the Principal/designee and entered into the District's financial software or delivered to the Purchasing Department by June 1~~April 30~~.
10. All invoices for the current fiscal year must be presented to the Finance Department designee by as soon as possible.

Authority to Encumber and Expend Funds**DISTRICT PURCHASING**

1. Expenditures authorized in the approved budget are made available to authorized Central Office personnel who make purchases.
2. Requisitions forms shall be completed and sent to the Superintendent/designee for review and approval to ensure compliance with KRS 45A-~~prior to approval~~.
- ~~2.3.~~ If the requisition form is approved by the Superintendent/designee, it is then forwarded to the appropriate Central Office personnel to enter into the District's financial software as a requisition.
- ~~3.4.~~ Once the approved requisition and compliance has been verified by the Purchasing Department, the requisition is converted into a Board purchase order.
- ~~4.5.~~ If approved, the order is placed, copies of the purchase order are distributed, as appropriate, and a record of the purchase is completed.
- ~~5.6.~~ When the order arrives, the employee that initiated the request verifies the items received against the items listed on the purchase order and vendor invoice, makes notations of any discrepancies on the purchase order copy, and forwards the notated purchase order copy and approved invoice along with any applicable packing slips to the accounts payable department for payment to be matched against the invoice.
- ~~6.7.~~ The District Finance Officer/designee clears the invoice for payment and charges the expenditure to the appropriate school account.
- ~~7.8.~~ All requisitions for the current fiscal year must be approved by the Director/designee and entered into the District's financial software or delivered to the Purchasing Department by June 1 April 30.
- ~~8.9.~~ All invoices for the current fiscal year must be presented to the Finance Department designee by as soon as possible.

Fixed/Capital Assets

I. WHO IS RESPONSIBLE?

- A. Management personnel (i.e. Principals and department managers) are accountable for assets/equipment within their immediate area of responsibility. This accountability is inherent to the position. Accountability includes inventory control and maintenance of all equipment in their immediate area of responsibility.
- B. Responsibility lies with every individual utilizing District assets/equipment for the performance of his/her duties.
- C. All personnel are responsible to adhere to the following procedures in the procurement, movement, and disposition of all District equipment.

II. FIXED ASSETS

- A. Definition: This property is governed by audit requirements associated with control, accounting, and disposal. A fixed asset is defined as ~~real~~ property costing \$5,000 or more (and all workstations, laptops and monitors previously capitalized) and has a useful life of more than one (1) year and theft-sensitive items that may be identified by the Superintendent/designee ~~Board~~.
- B. Acquisition of Assets
 - 1. All fixed assets will be purchased using the purchase order system. Object codes relative to fixed assets are **07XX series**. Property ~~Material~~ will be shipped to and received at the appropriate location. Acquisitions that involve a trade-in will be communicated to the Finance Asset Team for proper recording.
 - 2. Exceptions to the above procedures are those fixed assets received by donation (gifts) from organizations or private individuals. The Principal or department manager will report these assets in writing to the Coordinator of Finance ~~Assets Team~~. Upon receipt the property will be identified, tagged, and included on the appropriate inventory. If necessary, a fixed asset tag will be delivered to a location and affixed to the property. The correspondence will include item description, make, model, serial number, and estimated cost. (use form **KCBE-FA3**.)
- C. Receiving Fixed Assets
 - 1. A copy of all purchase orders will be forwarded to the appropriate receiving location for action. When a fixed asset arrives at the location the following steps will be accomplished:
 - a) Packing Slip will be matched to a copy of appropriate purchase order.
 - b) Asset(s) will be opened and verified for quantity and condition.
 - c) A copy of the purchase order and invoice will be signed, verified, dated, and forwarded to Central Office Accounts Payable for payment processing.

Fixed Assets

2. Accounts Payable Office will identify capital assets from the purchase order. ~~The Coordinator of Fixed Assets will be furnished a copy of the purchase order by the representative from the Accounts Payable Office.~~ The Finance Asset Team ~~Fixed Assets Coordinator~~ will go to the receiving site and affix a bar code and record appropriate information, i.e. serial number, etc. Once completed the appropriate suspense record in the fixed asset system will be updated and posted All technology fixed assets ~~computer equipment~~ will be centrally received by the technology department and delivered to the appropriate site with bar code sticker affixed and all information recorded. ~~Form KCBE-FA4 is to be used for this.~~
 3. When purchasing a fixed asset item through the school activity account, forward a copy of the purchase order and invoice showing the date received and notated "Fixed Asset", to the ~~Coordinator of Finance~~ Fixed Assets Team.
- D. Fixed Assets Transaction: Administrative Services will not delete, add or adjust without written proof/explanation. Capital assets transferred between locations need to be communicated in writing to the Finance Asset Team.
1. ~~Transfer of all fixed assets will be coordinated with the appropriate Central Office Staff. A transfer document (KCBE-FA1) will be provided authorizing the transfer of fixed assets between locations. Examples of these transfers are:~~
 - a) ~~Transfer of equipment from school site/department to Central Office for sale/disposal.~~
 - b) ~~Transfer of equipment from one site to another.~~
 - e) ~~Transfer of equipment from one room to another in the same location.~~
 2. ~~Return of property to vendors for exchange, repair, or credit will be accomplished using form KCBE-FA2. All returned property MUST be reported to the Coordinator for Fixed Assets.~~
 - 3.1. Disposal or Trade-In: location personnel **WILL NOT** dispose of fixed assets. All property will be returned/picked up by District personnel **ONLY** for disposal. Any property that is disposed of without following procedures will be in direct violation of District Policy. See Policy 08.4 for disposition of school property. ~~Fixed assets will be disposed of in one of the following manners through the Central Office Staff:~~
 - a) ~~Conduct of a public sale.~~
 - b) ~~Donated to another appropriate agency.~~
 - e) ~~Returned to Grant Agency~~
 4. ~~All property being held for a sale will be transferred to location code 999 (Support Services/Maintenance). This location will contain all assets being held at a central District location. It will provide visibility of all assets available for sale/disposal. At such time as determined by the Board of Education a public sale or bid of assets will be conducted. Upon completion of the sale a signed inventory list will be provided to the Coordinator of Fixed Assets for final retirement of property records.~~

Fixed Assets

- ~~E. — Movement, repair, and disposal of technology equipment will be coordinated by the District technology personnel only. All technology equipment being held centrally for replacement, repair, or disposal will be transferred to location code 998 and maintained until final disposition. All movement and disposal of technology equipment will be reported to Coordinator of Fixed Assets using KCBE-FA1.~~
- ~~F. — When equipment is returned for repair the KCBE-FA2 is required. The receipt will provide visibility of equipment in the hands of a repair shop.~~
- ~~G. — A temporary loan is any equipment assigned to an employee of the District for off-site District use. Board property may not be loaned to employees or any other persons for personal use. All temporary loans must be documents. Principals and department heads are required to have personnel under their area of responsibility “check out” equipment to provide visibility of District assets. At a minimum, the asset tag number, description, and serial number (if applicable) must be recorded as well as the name, address, and signature of the “borrowing” employee on all property loaned outside the District facilities.~~

III. **INVENTORY PROCEDURES**

- A. Inventory validation will occur at every location every year. Annually inventory reports will be distributed. Each location will receive two (2) copies of its master inventory list. Each responsible individual—i.e., school Principals and department managers, will have 30 days to complete their inventory validation. ~~Each location will receive two (2) copies of its master inventory.~~ Upon completion of the validation the responsible individual will annotate changes, sign, date, and return one (1) copy of their inventory to the ~~Finance~~ Asset Team ~~Coordinator~~. No adjustments to fixed asset records will be accomplished without supporting documentation.
- ~~B. — Each responsible individual may conduct their actual reconciliation, as they deem appropriate with their personnel. Any questions and/or assistance required should be directed to the Coordinator of Fixed Assets.~~
- ~~C.B.~~ Inventory verification will be accomplished every three (3) years on all fixed assets by ~~Coordinator of Finance~~ Assets Team. Results of these inventories will be reconciled, coordinated, and reported as required by the Finance Officer.

Fixed Asset Transfers

Date of transfer: _____ KCBE-FA1

Asset # (Bar Code)	Action-Code (see-1 below)	Asset-Description	Serial-Number	From		To		Disposal Code (see-2 below)	Comments
				Location	Room#	Location	Room#		

(1) Action Codes:

A Add _____ Released by: _____ Administrator _____ Date _____
 T Transfer _____
 D Delete (documentation to _____ Location: _____
 support removal from inventory
 must be attached: i.e. police report, etc.)

(2) Disposal Codes

999 Support Services/Maintenance _____ Received By: _____ Administrator _____ Date _____
 998 Technology _____ Location: _____

Forward Copies: Original to Fixed Asset Coordinator; First Copy to Receiving Location; Second Copy to Releasing Location

FIXED-ASSET RETURN/REPAIR AUTHORIZATION FORM

KCBE-FA2

Return to:

Vendor Name: _____ Vendor Number: _____

Vendor Address: _____ City/State: _____ Zip: _____

P.O. Number: _____ School: _____ Date: _____

Check one: Exchange Credit Repair Requested by: _____

Reason for Exchange, Return, or Repair: _____

Items for Exchange, Return, or Repair:

Quantity	Bar Code No. (if affixed)	Serial No. (if applicable)	Description	Price
			Total Credit:	

Return Authorization No. _____ Return Receipt No. _____ Item Picked Up By: _____

Authorized by: _____ Date: _____

Forward Copy: Original to Fixed Assets Coordinator; First Copy to remain with Authorizer

Fixed Asset Donation Form

KCBE-FA3

Action (Bar Code)	Date of Gift	Description	Make or Manufacturer	Value at Date of Acquisition	Serial Number	Location

Donor's Name: _____

Address: _____

Reason for Donation: _____

Accepted by Superintendent/Designee: _____

Forward Copy: Original to ~~Finance~~ Assets ~~Team~~ ~~Coordinator~~ Retain copy for files

Disposal of Surplus School Property ~~Equipment and Material~~

School property to be disposed of must go through the surplus process defined in policy 04.8 – Disposal of School Property. Surplus property is generated primarily through the normal use of property or the procurement of replacement materials. Instead of storing the property for an indefinite period, the District should move forward with a declaration and disposal process for the surplus property. In addition, inventory must be recorded on a declared surplus form and removed from the inventory records when lost or missing.

~~The District may sell or otherwise dispose of any personal property which is not needed or has become unsuitable for public use, or which would be suitable, consistent with the public interest, for some other use.~~

~~A written determination as to need of suitability of any personal property of the District shall be made and such determination shall fully describe; the property; its intended use at the time of acquisition; the reasons why it is in the public interest to dispose of the item; and the method of disposition to be used.~~

Surplus or excess personal property as described in this section may be transferred, with or without compensation, to another governmental agency or it may be sold at public auction or by sealed bids in accordance with KRS 45A.365.

In the event that the District receives no bids for surplus or excess personal property, either at public auction or by sealed bid, such property may be disposed of, consistent with the public interest, in any manner deemed appropriate by the District. In such instances, a written description of the property, the method of disposal, and the amount of compensation, if any, shall be made.

Any compensation resulting from the disposal of surplus or excess personal property shall be transferred to the general fund of the local public agency.

TO DECLARE PROPERTY AS SURPLUS:

- 1) Complete the Surplus Form
 - a) The Surplus Request Form can be found on the KCSD website under “Departments”, then “Purchasing”, then “Surplus Request Form”
 - b) All requested information on the Surplus Request Form must be filled in properly, otherwise the item will not be added to the surplus list presented to the Board for surplus consideration and approval
 - c) DO NOT remove an Asset Tag from the item, if present. This will be handled by the Purchasing and Finance departments.
- 2) Complete a work order to have surplus items moved to the building’s designated District assigned storage facility
 - a) List the specific location within the building where the surplus item(s) will be found
 - b) Label each item with the word “SURPLUS” to clearly identify the item to be moved out of the building

Disposal of Surplus School Property ~~Equipment and Material~~

HAZARDOUS PROPERTY

Items not suitable for sale or transfer that are considered “hazardous”, must be disposed of in accordance with state, federal and waste management laws and regulations. Contact the Purchasing Department for the following hazardous waste items:

Fluorescent Light Bulb 4’ T-8, Fluorescent Light Bulb 4’ T-12, Incandescent Light, Compact Fluorescents, Magnetic Ballast (2-4 tube), Electronic Ballast (2-4 tube), P/L & U Shaped, HID 400 watts and under, HID over 400 watts, Alkaline Batteries, Lead Acid Batteries, Wet Nickel Cadmium Batteries, Mercury 6oz up to 16oz, CPU’s (Towers & Desktops), Laptops, Hard Drives, CRT’s (TV’s & Monitors), Monitors/TV’s (LCD or LED), Printers – Inkjet and LaserJet, and Copiers

The District will typically have two surplus auctions per fiscal year (fall and spring). The Purchasing Department will send out a reminder of an upcoming surplus auction.

~~The Board may choose to dispose of its surplus technology in accordance with KRS 160.335.~~

~~In order to notify the Purchasing Department of equipment needing to be dispositioned as surplus material, the employee must complete the Surplus Material Disposition form and forward it to the Purchasing Department. The Fixed Asset Transfer and Disposal form must also be completed for each fixed asset item.~~

Fixed Asset Transfer/Disposal Form

~~The Fixed Asset Transfer/Disposal form (KCBE-FA1) is located in procedure 04.7 AP.2.~~

Daily Playground Inspection Form

Site Name: _____

Inspector Name: _____ Date: _____ Start/Finish Time: ____/____

Repairer Name: _____ Date: _____ Start/Finish Time: ____/____

Use the following codes:
 1 = Okay 2 = Needs Maintenance 3 = Request for Repair
 O = Supervisor Notified and Work Order Written X = Corrective Action Complete

General Inspection Items	Code	Inspection Comments	Repair Comments
Vandalism: Damage, graffiti, glass, trash, etc.			
Loose or missing hardware			
Chains (kinked, twisted, broken)			
Components Secure (no loosening)			
Swing Seats (cut, cracked, missing)			
Wood (rotten, cracked, missing)			
Remove foreign objects (ropes, chains, wood, etc.)			
Sweep walkways, platforms, steps			
Footers (concrete) exposed			
Standing Water			
Objects in surfacing material			
Rake loose surfacing material level			
Need Surfacing Material For Under: <i>(in inches)</i>			
Swings			
Climbers			
Sliding Pole			
Slide			
Other			

Note: If repairs are requested, place the piece of equipment or area out of service until repairs are complete.

Wood mulch depth levels are required to be between 9"-12". Rubber Mulch depth levels are required to be between 10"-12".

For Official Use Only

Approved by: _____ Date: _____

Reviewed by: _____ Date: _____

Use back of form for additional comments. Report all vandalism to building principal and/or your maintenance supervisor.

Fundraising Project Summary and Funding Agreement

REVENUE AMOUNT PER SPONSOR PER YEAR	% OF REVENUE TO KCS	% OF REVENUE TO SIDE-EFFECTS
Any amount up to \$100	50%	50%
\$101 - \$1000	55%	45%
\$1001 - \$10,000	60%	40%
\$10,001 - \$50,000	70%	30%
\$50,001 - \$100,000	90%	10%
\$100,001 and up	98%	2%

Date: _____

School: _____

Department/Sport/Club: _____

Scope of Project: _____

Anticipated Completion Date for Secured Advertising: (date that all advertisers will be secured and funding in place for project) _____

Anticipated Completion Date for Project: (date the project shall be received / completed at the school) _____

Project Budget:

Total Number of Sponsors: _____ **Annual Total Per Sponsor/Yr:** \$ _____

Service Agreement(s): (if applicable) _____

Cost of Service Agreement(s): (if applicable) _____

Percentage of Funding Dollars to go to school for project: _____

Percentage of Funding Dollars to go to _____

Length of term: _____ months for Individual Advertising Agreement(s)

Warranty(s) to be transferred to KCS: (if applicable) _____

All Kenton County School District Policies and Procedures are to be strictly adhered to under the Terms and Conditions of this contract.

Company Designee _____ Date

Kenton County School Board Designee _____ Date