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Certification of Teaching Experience

~~For: NAME~~ ~~Completed By: Applicant – Name~~ ~~Sent On: DATE and TIME~~
~~Sent By: Name~~ ~~Completed: DATE and Time~~

~~CERTIFICATION OF TEACHING EXPERIENCE~~

~~In accordance with KRS 157.320, experience regarding all professional personnel for salary purposes shall be defined as follows:~~

- ~~Experience means employment as a teacher, other than as a substitute or nursery school teacher, for a minimum of 140 days during a school year in a public or non-public elementary or secondary school or college or university that is approved by the public accrediting authority in the state in which the teaching duties are performed.~~
- ~~The Superintendent shall be responsible for validating the experience of professional personnel.~~
- ~~The teaching experience form shall be on file in the office of the Superintendent.~~
- ~~The experience records of professional employees shall be subject to review by account examiners from the Division of Finance of the Department of Education.~~
- ~~Units granted for teacher of trades and industries will be calculated on the basis of the average experience and training for all trades and industry teachers in the state.~~
- ~~The salary schedule of each school district shall provide increments for teaching experience to all Rank I, II, and III in accordance with KRS 157.390.~~

~~**Certified Experience Accepted:**~~

- ~~**Out-of-state experience not accepted if employee has at least 15 years in-state experience. In-state and out-of-state experience may be combined to a maximum of 15 years if employee has less than 15 years in-state experience. Substitute experience not allowed.**~~
- ~~Last 4 digits of Social Security Number:~~
- ~~I, _____, do hereby certify that I have had the number of years of professional service under contract as shown below. I will provide a Verification of Professional Experience form for each school listed below within 60 days of my start date. The Verification of Professional Experience form may be found at the link below. Enter (0) if no years of experience.~~

~~**LIST PRESENT OR MOST RECENT EMPLOYMENT FIRST:**~~

~~**School District Name:**~~	~~**City/State**~~	~~**Dates of Employment (mm/yyyy-mm/yyyy)**~~	~~**No. Of Yrs. Employed**~~
			~~0~~

~~Pursuant to State Board of Education Regulation 21.070, the statement contained on this document are correct. Employee/Substitute Signature:~~

X	Signed: **Name**

Certification of Teaching Experience

Part I: Employee Information	
Name:	Previous Name(s), if applicable:
Social Security # (last 4 digits): XXX-XX-	New Position with BCSD:
Previous Employer:	Previous Position(s):

Awarding of Experience (please read and initial each)

	The Boone County School District may award job related experience for the purpose of salary calculation in accordance with KRS 157.320. Experience will be determined by the following criteria: • "Experience" means employment, other than as a substitute, for a minimum of one hundred forty (140) days during a school year in a public or nonpublic elementary or secondary school or college or university that is approved by the public accrediting authorityin the state in which the teaching duties were performed.
	For experience to be considered, I understand it's my responsibility to obtain experience from my previous employer and the signed form should be received in Human Resource within 30 days of my first day paid with the district.

Authorization to Release Information

I authorize my previous employer to release information requested on this form to the Boone County School District.

Employee Signature:	Date:

Part II: Previous Employer Information - to be completed by an authorized official	
Name of Previous School/District:	Contract: Limited Continuing (Tenured)
Number of accumulated sick leave days when he/she left your school district (KY school districts only):	

Experience Information

Position	School Year	Number of Days Taught	Number of Days in School Year	Number of Hours per Day

Background Information

Was the applicant the subject of any disciplinary action within the past twelve (12) months related to misconduct involving a student or minor? Yes ☐ No ☐
Is the applicant currently under investigation for misconduct involving a student or minor? Yes ☐ No ☐
Did the employee resign, retire, or otherwise separate from employment during a pending investigation involving misconduct with a student or minor? Yes ☐ No ☐
Did the employee resign, retire, or otherwise separate from employment following a complaint or report of misconduct, regardless of whether such conduct was substantiated? Yes ☐ No ☐
If yes to any questions above, please provide a summary of the findings or current status, including dates and nature of the misconduct. Attach a separate page if necessary.

Signature

Signature of Certifying Officer:	Date:
Printed Name of Certifying Officer:	Title:

Please send completed form to Human Resources by email at HR@boone.kyschools.us or fax at 859.282-5643

BCSD Use Only:

HR Coordinator Initials _____ Approved Years _____

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Certified Payroll Forms

SET-UP SHEET COMPLETED BY USER

For: _____ Sent on: _____

Sent By: _____ Completed: _____

Name	
Date	
Address	
City, State, Zip	
Race	
Gender	
Date of Birth	
Marital Status	
Social Security Number	
Primary Phone (including area code)	
Email Address	
Are you retired from a Kentucky State-Sponsored Retirement System?	☐ Yes ☐ No
Retired Teacher	
Retired from (check all that apply)	
Retirement Date	
KY Teaching Certificate	
Rank	
Name of school that you will be working at when hired	
Subject or grade in which you will be working	
Full Time or Part Time Status	☐ Full time ☐ Part Time
Number of years taught in KY (enter 0 for none)	
Number of years taught outside of KY (enter 0 for none) If over 15 years experience in-state, no out of state experience allowed. In-state and out-of-state experience may be combined to a maximum of 15 years.)	
Number of years taught in Boone County (enter 0 for none)	
If you are employed longer than the regular school term of 9 1/4 months, indicate the extended time in weeks or months. (enter zero if not applicable)	

Certified Payroll Forms
SET-UP SHEET COMPLETED BY USER

Education Level - Rank	
Hire Date	
Notes from Certified Generalist	
Years of Experience	
Verified Years of Experience	

~~Certified Payroll Forms~~

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Name/Address Change Form

Employee Name:_____Location:_____

Last Four of Social Security Number:_____ Employee Number_____

Please check one:

☐ Certified_____☐ Classified_____☐ Substitute

Please check one:

☐ Current Employee____☐ Former Employee***

***Former Employee must provide Personal Email _

Name Change: **Changes cannot be made without a copy of new Social Security Card. Please attach when submitting this form.**

New Name:_____

Former Name:_____

Address Change:

New Address: _____

Street

_____

City *Zip*

County of Residence: _____

Former Address: _____

Street

_____

City *Zip*

New Phone Number: _____

Benefits Information: Please check all benefits currently enrolled in, all agencies will be notified of your change.

_____☐ Health Insurance____☐ Dental Insurance____☐ Vision Insurance

_____☐ Retirement___☐ TRS or____☐ KPPA (Formerly CERS)

_____☐ Houchens Insurance (Colonial Life & Mutual of Omaha)

_____☐ Texas Life_☐ Lincoln Life Insurance ☐ American Fidelity 403B

Employee Signature_____Date_____

HR Signature_____Date_____

Please return completed form to HR Receptionist

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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. This includes requests for continuous leave or leave that may be required on an intermittent basis for medical necessity

Name:	**Employee #:**
Preferred Phone #:	**District Email:** (personal e-mail may not be used for privacy concerns)
School/Location:	**Position:**
Supervisor:	**Do you currently carry our medical insurance?** ☐ YES ☐ NO

Anticipated Leave Start Date:	**Anticipated Leave Return Date:**

I am requesting: ☐ **up to 12 weeks off per Category 1 or** ☐ **the remainder of the year off per Category 2**

Select a Leave of Absence Reason: (place a check next to requested type of leave)

	CATEGORY 1 - FMLA Defined (up to 12 weeks)	**Applicable Board Policy**
	Sick Leave – serious health condition for self, birth/adoption	03.1232/03.2232
	Sick Leave – serious health condition for family member	03.1232/03.2232
	Sick Leave – to care for a covered service member	03.1232/03.2232
	Qualifying Exigency – military family leave	03.12322/03.22322
	CATEGORY 2 - Non-FMLA Defined (remainder of school year)	**Applicable Board Policy**
	~~Maternity/~~Paternity Leave – birth/adoption	03.1233/03.2233
	Extended Disability Leave	03.1234/03.2234
	Military/Disaster Services Leave	03.1238/03.2238
	~~Other~~	~~Applicable Board Policy~~
	~~Workers' Compensation~~	~~03.1241/03.2241~~
	~~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	Vacation	Unpaid

If you are a member of the sick bank, will you be applying for additional sick days? ☐ YES ☐ NO ☐ NOT A MEMBER

Note:

- Employees are required to use all paid leave days, if available, for all FMLA Defined Leave, except that the employee may request to reserve up to ten (10) days of sick leave~~, up to ten (10) days of vacation leave,~~ and all available days of personal leave and vacation
- 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

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Leave Request Form

I would like to request to reserve the below number of days while on leave.		
Personal	Vacation	Note: • Should you decide to utilize your reserved dates, please reach out to the Human Resources department to finalize the arrangements

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Requested Substitute's Name: (must be an active substitute in the District)	
Note: • "Long-Term Substitute Request Form" must be submitted to Human Resources if a long-term sub is needed • A certified substitute must be used for absences of more than nineteen (19) 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 nineteen (19) consecutive days) and are not eligible to fulfill a long-term absence	
	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 Team at 859-282-2374 for more information.
	I understand that I must notify AbsencePro and/or Human Resources if the start date or end date of my leave changes.
	I must notify AbsencePro and/or 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 certified annual contract or half of my classified 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: _____ Contact Phone #:_____ Relationship:_____
Employee Signature:	**Date:**
Printed Name:	
Approved or Denied (List Denial Reason(s)):	
Superintendent/designee Signature:	**Date:**

~~FMLA Start Date~~	~~FMLA End Date~~	~~Board Agenda Date~~
~~Amendment #1~~	~~Amendment #2~~	~~Amendment #3~~
~~Amendment #4~~	~~Amendment #5~~	~~Amendment #6~~

Long Term Leave of Absence

YOUR RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT OF 1993

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave per school year to "eligible" employees for certain family and medical reasons (days do not have to be consecutive). Employees are eligible if they have worked for a covered employer for at least one (1) year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles.

REASONS FOR TAKING LEAVE

Unpaid leave must be granted for any of the following reasons:

1. For the birth and care of an employee's newborn child , or for placement of a child with the employee for adoption or foster care;
2. To care for the employee's spouse, child or parent who has a serious health condition, as defined by federal law;
3. For an employee's own serious health condition, as defined by federal law, that makes the employee unable to perform the employee's job;
4. To address a qualifying exigency (need) defined by federal regulation in connection with a family member's (spouse, son, daughter, or parent) active duty or call to active duty in the Armed Forces/Reserves; and
5. To care for a covered service member or veteran (spouse, son, daughter, parent or next of kin) who has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave.

At the employee's or employer's option, certain kinds of paid leave may be substituted for unpaid leave.

ADVANCE NOTICE AND MEDICAL CERTIFICATION

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."

An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

JOB BENEFITS AND PROTECTION

For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan", as long as the employee pays premiums that are his/her responsibility.

Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Long Term Leave of Absence

UNLAWFUL ACTS BY EMPLOYERS

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA

ENFORCEMENT

The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.

An eligible employee may bring a civil action against any employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FOR ADDITIONAL INFORMATION

Contact the nearest office of the Wage and Hour Division, listed in most telephone directories under U.S. Government, Department of Labor.

PERSONNEL

DRAFT

03.125 AP.22

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Mileage ~~Travel~~ Reimbursement Request

Submit monthly upon completion of travel. ~~See back for instructions.~~

Name _____ Location _____

Month _____ Account Code _____

Date	From	To	Purpose	Mileage	Other*

Total Miles _____ x _____ = _____

Rate Total Payment

*Other expenses would cover any tolls, parking expenses, etc., and must be listed.

Employee Signature _____ Date_____

Authorized Signature _____ Date_____

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- CLASSIFIED PERSONNEL -

Verification of Previous Job Experience

This form must be completed and returned to the HR office within 60 calendar days of hire date. Any form that is submitted beyond the 60-day window will NOT be considered.

Part I must be completed by employee.

Part I: Employee Information	
Name:	**Previous Name(s), if applicable:**
Social Security # (last 4 digits): XXX-XX-	**Current Position with Boone County Schools:**
Previous Employer:	**Previous Position(s):**

Authorization to Release Information I authorize my previous employer to release information requested on this form to the Boone County School District.	
Employee Signature:	**Date:**

Part II must be completed by employer. Form will not be accepted if Part II is completed by employee.

Part II: Previous Employer Information – to be completed by an authorized official	
Company/Organization Name:	**Hours Per Week:**
Position Held by Employee Listed in Part I:	**Start Date**(mm/yy)
Name of Supervisor of Employee Listed in Part I:	**End Date**(mm/yy)
Employees Primary Job Functions(attach job description, when available)	

Background Information	
Was the applicant the subject of any disciplinary action within the past twelve (12) months related to misconduct involving a student or minor? Yes □ No □	
Is the applicant currently under investigation for misconduct involving a student or minor? Yes □ No □	
Did the employee resign, retire, or otherwise separate from employment during a pending investigation involving misconduct with a student or minor? Yes □ No □	
Did the employee resign, retire, or otherwise separate from employment following a complaint or report of misconduct, regardless of whether such conduct was substantiated? Yes □ No □	
If yes to any questions above, please provide a summary of the findings or current status, including dates and nature of the misconduct. Attach a separate page if necessary.	

Printed Name of Certifying Officer:	**Date:**
Signature of Certifying Officer:	**Title:**
Business Phone Number:	**Business Email:**
(If Applicable) # Transfer Sick Days for Kentucky School District	

Please send completed form to Human Resources by email at HR@boone.kyschools.us or fax at 859.282.5643

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~~Verification of Previous Job Experience~~

~~Printed Name of Certifying Officer:~~	~~Date:~~
~~Signature of Certifying Officer:~~	~~Title:~~
~~Business Phone Number:~~	~~Business Email:~~
~~(If Applicable) # Transfer Sick Days for Kentucky School District~~	

~~Please send completed form to Human Resources by email at .us or fax at 859.282.5643~~

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Payroll Set-up

~~SET-UP SHEET COMPLETED BY USER~~

~~For:~~ ~~Sent on:~~

~~Sent By:~~ ~~Completed:~~

~~Name~~	
~~Date~~	
~~Address~~	
~~City, State, Zip~~	
~~Race~~	
~~Gender~~	
~~Date of Birth~~	
~~Marital Status~~	
~~Social Security Number~~	
~~Primary Phone (including area code)~~	
~~Email Address~~	
~~Job Title~~	
~~Job Class #~~	
~~Pay Type~~	
~~Funding Code~~	
~~Position Control #~~	
~~Start Date~~	
~~Grade~~	
~~Step~~	
~~Position Status~~	
~~Location~~	
~~# of Pays~~	
~~Days per Year~~	
~~Scheduled Hours~~	

Payroll Set-up

SET-UP SHEET COMPLETED BY USER

Hourly Rate	
Hours per Day	
Total Hours/Year	
Eligible Benefits	
Benefits Orientation Date	
Retirement Plan CERS	
Retirement Plan TRS	
Notes	

Mileage~~Travel Request/~~Reimbursement Form~~s~~

~~Travel expense~~Mileage form~~s~~ can be found as Procedures ~~coded 03.125 AP.21/Travel Request (T-1) Form and~~ 03.125 AP.22~~/Travel Reimbursement Voucher~~. Thi~~ese~~ form~~s~~ is~~are~~ to be used by Board members, certified personnel, and classified personnel.

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Accidents

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

1. Set the parking brake.
2. Turn off ignition, **turn to accessory, and press the emergency button on radio**.
3. Remain calm and reassure the pupils.
4. Use emergency reflectors to "protect the scene," as appropriate.
5. Unless the bus is on a railroad track or is in danger of another collision, do not move the vehicles involved until law officers advise you to do so.
6. Check for injury to pupils. If there is an injury, proceed as follows:
   a) Move the person from danger and give first aid. Caution must be observed if neck or back injury is indicated.
   b) If the injuries appear to be serious, call an ambulance.
7. If there is no radio/telephone readily available, **driver may use cell phone to call for assistance. If cell service is not available, the driver may use a passerby motorist or utilize a nearby resident for assistance**.
8. Keep all pupils on the bus unless there is a fire/possibility of a fire or the vehicle is in danger of further collision.
9. Account for all pupils.
10. Notify **Director of Transportation** ~~**school administrators**~~ and appropriate law enforcement agency of the location and nature of the accident. In reporting the accident, give the following information:
    a) The exact location of the bus,
    b) If another bus is needed to transport students, and/or
    c) If a **tow truck** ~~**wrecker**~~ is needed.
    d) Number of students on bus
    ~~c)~~e) If any injuries
11. Do not discuss the facts of the accident with anyone except the investigating officer and school officials.
12. When authorized to do so, continue the transportation of the pupils by: (1) the present bus or (2) a substitute bus, if the present bus is inoperable.
13. Fill out an accident report and file it with the Director of Transportation on the day of the accident. Failure to do this constitutes negligence on the part of the driver.

Accidents

14. If the representative of another insurance company or an attorney representing the other party involved visits the driver and requests a statement either written or verbal, the driver shall refuse. The driver should tell the party that s/he has filed the accident report with the Director of Transportation and that the party will have to see the Director or the Board's insurance agent. (This is very important in settling claims.)

15. **Collect** the names, addresses, driver's license numbers, tag numbers, and insurance information of all persons involved in the accident. It is very important to get the names and addresses of any witnesses to the accident.

16. **If any witnesses are present, provide their names to the responding law enforcement or transportation department supervisor.**

17. **Driver will submit to a drug test.**

Use of Communication Devices on Bus

RADIOS/CELL PHONES PLACED IN BUS

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

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

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

RESTRICTIONS WHILE OPERATING

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

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

EXCEPTION: The above prohibition does not apply to use of an authorized two-way radio or cell phone for dispatch purposes.

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Bus Scheduling and Routing

SCHEDULING AND ROUTING

The Director of Transportation/Central Office designee shall prepare a route map and schedule of stops for each bus in the District. These maps will show the routes traveled by buses both morning and afternoon. Route schedule sheets for transported students shall be prepared using the District selected routing system.

WRITTEN DESCRIPTION

A written description of each route shall be kept on the bus; access by electronic means or a paper copy shall be provided to ~~filed with~~ the Principal of the school(s) the bus serves, and the original shall be filed with the Director of Transportation/Central Office designee. This description shall include any characteristics peculiar to the route such as dangerous turns, steep grades, signals, and special information about any danger areas.

EXTENSION OF BUS ROUTES

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

CANCELLATION OF STOPS

Designated stops along a route will be dissolved when no students are present for pick up or drop off for five (5) consecutive days unless prior notification of the absence of students has been made to the Director of Transportation / designee. Transportation staff will make notification of the cancelled stop to the impacted families prior to the stop removal. It is the responsibility of the family to contact transportation to resume transportation services. Resumption of services will follow the same timelines as those for new student enrollees.

NEW DRIVERS AND ROUTES

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

DRIVER TO FINALIZE SCHEDULE

Each driver shall finalize his/her route schedule within ten (10) driving days after school opens. This route schedule will contain the names of the students riding the bus, the name of the road(s) on which the bus is routed, each stop's number, the time of the stop, the grade of the pupil, and the school the pupil attends. Drivers shall notify the Director of Transportation/Central Office designee of any revisions to their routes.

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Access to Electronic Media

Students, employees and parents/guardians in the Boone County School District (BCSD) have access to and use of the District network, Internet, e-mail, and the Infinite Campus Student/Guardian Portal as part of the instructional process. Students, employees and parents are exposed to a high level of technology and technological instruction as a part of the curriculum. The BCSD has adopted technology standards that are integrated into instruction in all schools and on all grade levels. Students, employees and parents/guardians must sign the BSCD Acceptable Technology Use Policy (ATUP) Contract demonstrating that they have read the ATUP and that they will abide by the guidelines and rules outlined. Students, employees and parent/guardians will be held accountable for violations of the ATUP Agreement and understand that disciplinary action may be taken if the ATUP is violated.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/District:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

Students, employees and parent/guardians must adhere to the following ATUP guidelines:

DISTRICT NETWORK/TECHNOLOGY RESOURCES

- The use of your account must be in support of education and research and consistent with the educational objectives of the District.
- You may not give your password to anyone.
- You may not transmit obscene, abusive or sexually explicit language.
- You may not create or share computer viruses.
- You may not destroy another person's data.
- You may not use the network for commercial purposes.
- You may not use or monopolize the resources of the BCSD Network by such things as running large programs and applications over the network during the day, sending massive amounts of e-mail to other users, or using system resources for games.
- You may not break, attempt to break, destroy or attempt to destroy computer networks, another person's account, files or folders, or destroy any school-owned technology devices or resources.
- ~~You may not use multi-user games via the network.~~
- You are not permitted to get from or put onto the network any copyrighted material (including software), or threatening or sexually explicit material. Copyrights must be respected.
- You may not log onto another person's account.
- Storage on user directories, files, e-mail accounts, and Internet usage should be considered limited private environments.

Access to Electronic Media

DISTRICT NETWORK/TECHNOLOGY RESOURCES (CONTINUED)

- You may not save student personally identifiable information, education records, or District data to personal cloud storage accounts (personal Google Drive, iCloud, Dropbox, One Drive, or similar personal services) All District data shall be stored in District managed systems only.
- You may not use unauthorized VPN services, Proxy servers, or other tools designed to circumvent District content filtering or network monitoring systems.

INTERNET USE

- Internet access through the school/District is to be used for instruction, school communication, research, and school/District administration. School/District access is not to be used for private business or personal, non-work related communications, illegal activities, chat-rooms, or offensive websites.
- Students shall not access social media unless authorized to do so by a teacher for an instructional purpose.
- Teachers, library media specialists, and other educators are expected to select instructional materials and recommend research sources in media. Educators will select and guide students on the use of instructional materials on the Internet.
- District employees using blogs and social networking sites for educational, school communication purposes must adhere to the guidelines as outlined in Board Policy 08.2323.
- You may not offer Internet access to any individual via your District account.
- Purposefully annoying other Internet users, on or off the District system is prohibited. This includes such things as continuous talk requests and direct messaging apps, social media platforms, or other personal communication tools~~chat rooms~~ (i.e. cyber-bullying).
- You may not reveal personal information about yourself or others or establish relationships with "strangers" on the Internet with personally identifiable information.
- A student who does not have a signed ATUP on file may not share access with other students. As a user of this educational system, users should notify a network administrator or a teacher of any violations of this contract taking place by other users or outside parties. This may be done anonymously.
- You may not participate in multi-user games via the Internet.
- Students may not use the Internet without permission, supervision, and/or guidance of a school staff member.
- You may not access gaming platforms, online games, or entertainment applications via the District network unless specifically authorized by a teacher for an instructional purpose.

Access to Electronic Media

ARTIFICIAL INTELLIGENCE AND GENERATIVE AI TOOLS

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- You may not input, upload or otherwise submit students names, student ID numbers, grades, disciplinary information, health information, or any other student personally identifiable information into artificial intelligence tools or generative AI platforms that have not been approved by the District.
- Students shall not use AI tools to complete assignments in ways that violate academic integrity standards as defined by their school. Use of AI platforms without disclosure where disclosure is required by the teacher constitutes academic dishonesty.
- Employees shall not represent AI-generated content as entirely their own original work in professional contexts without appropriate disclosure.
- District-approved AI tools will be communicated by the Director of Technology. Use of non-approved AI tools on District devices or network for school-related purposes is prohibited.

ELECTRONIC MAIL USE

- Students and employees of the District ~~are~~ shall use ~~prohibited from using~~ District-assigned Google Workspace accounts (district ~~resources to establish Internet~~ e-mail as the official email platform for District communications. Employees and students shall not use personal email accounts to conduct District business, communicate with students or parents about school matters, or store or transmit student educational records. District resources shall not ~~through third party providers. Only Kentucky Education Technology System e-mail may~~ be used to access personal email accounts for purposes unrelated to education.~~.~~
- Be polite. Do not write or send abusive messages.
- You may not use electronic mail for communications that are not directly related to instruction or sanctioned school activities. Do not use e-mail, for instance, for private business or personal, unrelated communications, commercial, political, or advertising purposes.
- You may not swear, use vulgarities or any other inappropriate language.
- You may not send or attach documents containing pornographic, obscene, or sexually explicit material.
- You may not access, copy or transmit another user's messages without permission.
- Do not reveal your personal address or phone number or those of other students unless a parent or a teacher has coordinated the communication.
- You may not send electronic messages anonymously. The e-mail is not guaranteed to be private. People who operate the system do have access to all mail.
- Messages relating to or in support of illegal activities may be reported to the authorities.
- You may not harass other users.
- You may not engage in activity which may pose a risk to anyone.
- You may not allow others to use your account name or password.

Access to Electronic Media

STUDENT/PARENT/GUARDIAN INFINITE CAMPUS PORTAL USE

The BCSD offers Infinite Campus (IC) portal access to parents/guardians and students as a means to enhance communication and to promote educational excellence. The IC portal allows parents/guardians to view their child's school records online, anywhere, anytime. In order to have access to the site, every parent/guardian and student is expected to act in a responsible, ethical and legal manner. The IC portal is available to every parent/guardian of a student enrolled in the BCSD and to any student in any school that has elected to activate student portal accounts.

Parents/guardians and students are required to adhere to the following guidelines:

- Parents/guardians will NOT share their password with anyone, including their children.
- Students will NOT share their password with anyone.
- Parents/guardians and students will not attempt to access, harm or destroy data of another student on the portal.
- Parents/guardians and students will not use the IC portal for any illegal activity, including violation of data privacy laws. Anyone found to be violating laws will be subject to civil and/or criminal prosecution.
- Parents/guardians will not access data of any account with ownership by another parent/custodial guardian.
- Parents/guardians and students who identify a security problem with the IC parent portal must notify the BCSD or the school immediately without demonstrating the problem to anyone else.
- Parents/guardians and students who are identified as a security risk to the IC portal may be denied access to the Infinite Campus portal.

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Physical Intervention Incident Report~~Restraint and Seclusion Forms~~

~~DOCUMENTATION OF USE~~

~~Please attach additional sheets as needed.~~

~~STUDENT NAME: DATE OF USE:~~
~~Description of Physical Restraint or Seclusion Measure Used:~~
~~Beginning Time of Measure Used: Ending Time of Measure Used:~~
~~School Personnel Involved:~~
~~Student Behavior Prompting Use~~
~~How Student Behavior Posed Imminent Danger of:~~ ~~☐ Physical harm to self/others~~ ~~☐ Property damage, destruction, criminal mischief, theft, or a felony involving use of force~~ ~~☐ Disruption of reasonable discipline/order~~
~~School Personnel Response to Behavior and Techniques Used:~~
~~Events Leading Up to Use of Measure:~~
~~Student's Behavior During Restraint or Seclusion and Interactions During Use:~~
~~Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:~~
~~Injuries to Student(s), School Personnel or Others:~~
~~Effectiveness of Restraint/Seclusion in De-escalating the Situation:~~
~~Student Post-Incident Interview Comments:~~
~~Planned Future Positive Behavioral Interventions:~~
~~Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):~~
~~Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:~~

~~Check as applicable:~~

~~☐ Parent ☐ Emancipated Youth notified on _____(date) of the five (5) school day timeline to request debriefing session.~~

~~*Signature of Staff Member Completing Report* *Date Report Provided to Principal*~~

Physical Intervention Incident Report~~Restraint and Seclusion Forms~~

~~NOTICE TO PARENT~~

~~**ADMINISTRATIVE NOTE:** AS SOON AS POSSIBLE WITHIN TWENTY FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.~~

_____
~~*Date*~~

~~Dear parent/guardian,~~

~~On _____, authorized school personnel used the following with your child:~~
~~*Date*~~

~~☐ Seclusion ☐ Physical Restraint~~

~~The following is a summary description of the measure used:~~

_____

_____

~~This occurrence took place at _____~~
~~*Location and Time Frame*~~

~~and was necessary due to the following behavior by your child:~~

_____

_____

~~Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.~~

~~Please contact me directly if you have questions about this information or if you want to request a debriefing session. The District must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.~~

~~I can be reached at _____.~~
~~*Telephone Number*~~

~~Sincerely,~~

_____, _____
~~Signature Position~~

Physical Intervention Incident Report~~Restraint and Seclusion Forms~~

This form must be completed by staff involved in or observing use of SCM Physical Management Techniques by the end of the work day and submitted to the building administrator. ***Copy to parent upon request.*

Student's Name:_____School:_____

Date of Intervention:_____Grade:_____

Location of Intervention:_____

Area of SpEd Elig. (if applicable)_____

Entire Time of Intervention(Including De-Escalation):_____

1. **Staff involved in physical intervention:** **Title/Position**

Check if you were: observer ☐ respondent ☐

2. **Antecedent** (Describe events/activity student was engaged in prior to acting out):

3. **Describe interventions/de-escalation strategies attempted with student:**

Verbal Interventions: ☐redirection ☐restate directives ☐offer choices ☐active listening techniques Nonverbal Interventions: ☐signals ☐ proximity prompt ☐ planned ignoring ☐ selective touch prompt Use of student's established behavior plan: ☐other (describe)

4. **Describe the student's specific and observable behaviors requiring physical intervention:**

5. **Specific Safe Crisis Management physical technique used:**

- **Choke Escape:** ☐ 2-Hand Front ☐ 2-Hand Rear ☐ Forearm(from behind)
- **Wrist Grab Escape:** ☐
- **Finger Peel:** ☐
- **Bite:** ☐
- **Other: Explain**

Single Person Assist: **-And/Or-** **Multiple Person Assist:**

☐ Extended arm assist	☐Multiple person extended arm
☐ Standing Cradle to ☐assist to floor	☐Biceps assist to ☐seated/kneeling assist to floor
☐ Upper torso to ☐assist to floor	☐Upper torso to ☐seated/kneeling assist to floor
☐ Crossed arm	☐Hook transport to ☐seated/kneeling assist to floor
☐ Shoulder assist	☐Cradle Carry

Duration of Safe Crisis Management physical techniques (start & finish):Start: Finish: Total:

Removal to secluded/safe room: Duration of seclusion:

Name &Title of Observer

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Physical Intervention Incident Report~~Restraint and Seclusion Forms~~

6. Name and title of other staff who observed/assisted in physical intervention:

7.STUDENT'S physical condition upon release of physical intervention:

- ☐ No injuries reported by student or observed by staff and no medical attention needed
- ☐ Injuries reported by the student(describe)

Medical attention provided by: _____

8. STAFF"S physical condition after release of physical intervention

- ☐ No injuries reported by staff or observed by staff and no medical attention needed
- ☐ Injuries reported by staff(describe)

Medical attention provided by: _____

9. Staff member(s) who provided debriefing with the student after the incident:

10. Plan for student to return to the classroom:*(i.e. behavior contract, restitution)*

11. Describe follow-up plan for student to reduce the likelihood of recurrence of similar behavior:*(i.e. revise behavior plan, restructure class routine or physical arrangements)*

12. Other Individuals notified of incident and by whom:

Name of Staff Making Contact:

Legal(police, DCBS): _____

Parents/Guardians: _____

Counselor(Private/School): _____

Teacher(s): _____

Other: _____

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Physical Intervention Incident Report ~~Restraint and Seclusion Forms~~

Signature of Staff completing this document _____ Date _____

Signature of Administrator reviewing this document _____ Date _____

Date Entered into IC: _____

Physical Intervention Incident Report ~~Restraint and Seclusion Forms~~

Physical Restraint and Seclusion Parent Notification

Administrative Note: As soon as possible within twenty-four (24) hours following ***each*** incident involving the use of physical restraint or seclusion, notice shall be provided to the parent/guardian of a student who is not emancipated either verbally or by email, if email is available to the recipient. If the recipient cannot be reached within twenty-four (24) hours, a written communication shall be mailed via U.S. mail. ***In any event, this form should be completed and kept on file to document the notification.***

Dear parent/guardian,

On _____, authorized and trained school personnel used the following with your child:

- ☐ Seclusion
- ☐ Physical Restraint

This occurrence took place at _____.
(Location and Time Frame)

And was necessary due to the following behavior by your child:

_____

_____.

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The district must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following the receipt of your request, unless we mutually agree otherwise.

I can be reached at _____
Telephone Number

Sincerely,

Signature _____ *Position* _____ *Date* _____

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Medication Administration Procedures

INTRODUCTION

The goal for the use of medication in school is to assist all students to participate at their fullest independent capacity. Policies and procedures developed to implement the handling, monitoring and assisting with medication will comply with each school's effort to ensure a safe, secure and orderly school environment and with Board policies. Some families have chosen natural and homeopathic remedies, including herbal and dietary supplements, over traditional FDA-approved medications. The use of these prescribed remedies must follow all school policies and procedures for use at school.

PROCEDURES

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 shall be counted, and the number of pills received shall be noted on the Medication Administration Record.
2. Any change in prescribed medication, dosage, route or frequency requires a new authorization/consent form signed by the doctor and parent and a new prescription bottle/label from the pharmacy indicating the change. The health care provider may fax the requested medication change on letterhead or a prescription pad to the school office and this written change may be attached to the original medication administration consent form until a new authorization/consent form is completed by the doctor/parent. We are unable to accept verbal dosage changes for prescription medicines and prescribed dietary supplements from parents/guardians.
3. Medicines will be stored in a locked cabinet or drawer. Emergency medications will be stored separately in an unlocked drawer or cabinet. Staff must be able to access emergency medication stored in the First Aid Room during and after hours. Students will not have access to this area. Emergency medicines and medications approved for students to carry may be exempted from this requirement based on the individual student's needs as assessed by a school nurse. School staff will accept no more than a one week supply of prescribed medicine unless otherwise approved by the Principal or designee. In accordance with board policy #09.2241 a student may be permitted to carry a medication for individual use only if ordered, in writing, to do so by his or her health care provider. Medication requiring refrigeration shall be kept in a locked container that can be stored with food in a supervised area or a separate refrigerator.

Medication Administration Procedures

PROCEDURES (CONTINUED)

4. Aspirin, narcotic pain relievers, (i.e. Percocet, Vicodin, Codeine, Demerol, Morphine, etc.) and benzodiazepine tranquilizers (i.e. Valium, DiaStat, Xanax, Ativan, etc.) will not be routinely accepted by school personnel. Parents/guardians requesting that these medicines be given to their child at school must be referred to the nursing staff for individual evaluation of the student's health condition. Additional documentation from the child's health care provider may be requested. Because of health safety concerns due to the correlation between aspirin administration and Reyes' Syndrome in children and teenagers recovering from chickenpox or flu-like symptoms, if an aspirin-containing medication such as Excedrin, Pepto-Bismol, Alka-Seltzer, Kaopectate, Pamprin, etc. (or their generic forms) is requested to be administered at school, a doctor's order/signature is required in addition to the parent's signature on the Medication Administration Consent form. Additionally, the student's temperature is to be taken and documented prior to administering. Do not administer the medication and notify the parent/guardian if the student has a temp greater than 99 degrees or has any of the health conditions noted above.
5. Parents are to make every effort to give doses of prescribed medication at home if ordered to be given once, twice or three times a day. If a mid-day dose is required this is to be noted on the 'Medication Administration Consent Form' that is completed and signed by the parent/guardian and physician. 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 and given to designated school personnel immediately upon arrival.
6. Field trip medication administration: Prescribed medications (prescriptions, herbal, and dietary supplements alike) ordered by a Physician which are essential for the student to take during and/or after school hours while attending a school-sponsored event/field trip shall be given according to the instructions noted on the Medication Administration Consent form. Medicines administered on field trips are to be documented immediately on the student's Medication Assistance Records (MAR) by the person administering the medication, then documented into the student information system. School personnel accompanying students on field trips who require routine or emergency medication shall be trained in the administration of those medications in the event that the student is unable to self-administer their medications.

Medication Administration Procedures

PROCEDURES (CONTINUED)

7. Self-Carry and Self-Administered Medications: Students may self-carry and self-administer emergency medications during the school day and after school hours with permission from the school nurse; and signed authorization by the~~their~~ parent/guardian, and their healthcare provider. The provider will indicate consent on the medication form by initialing the self-carry and self-administer boxes and both parents (guardian) and provider sign permission. Students who are given permission to self-carry and self-administer medications will not share or ask other students to carry their medication temporarily. It is the responsibility of the parent, guardian, and student to monitor the self-carried medication for administration and expiration.
8. Prescription medication must have a pharmacy label affixed that includes the child's name, date dispensed, name of the medication, dosage, strength, expiration date, and directions for use including frequency, route of administration, time interval of the dose, prescriber's name, and pharmacy name, address and phone number.
9. Prescribed herbal/dietary supplements and medical practitioner ordered non-prescription over the counter medication must be in the original container and marked with the student's name. Essential Oils and cannabis-derived alternative medication are not FDA approved medications, therefore, cannot be accepted for administration. In addition to the completed medication order~~'Consent' form~~, the prescribing physician for an herbal/dietary supplement is requested to prepare a letter which includes the following:
   a. confirmation that the herbal/dietary supplement is safe for the child to take;
   b. documentation that the herbal/dietary supplement must be administered during the school day; and
   c. instructions on how and when the herbal/dietary supplement must be administered at school.
10. A student's medicine (with the exception of topical preparations for emergency First Aid use) must be provided by the parent/guardian. No stock medications such as Tylenol, Mylanta,~~ cough drops~~ etc. will be kept at school for the purpose of administering to students.
11. 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 the medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.
12. School personnel authorized to give medications must be trained in accordance with KRS 158.838, KRS 156.502 and 702 KAR 1:160. Guidelines for diabetes medication administration under 702 KAR 1:160 no longer apply to training of non-licensed school personnel. These trainings are only good for the current school year and must be completed annually. Medication administration to students cannot be delegated to parent or community volunteers (exception: a parent administering medicine to his or her own child).

Medication Administration Procedures

PROCEDURES (CONTINUED)

13. Non-prescription (over the counter) medications should be in the original container, dated upon receipt, Medications shall not be administered beyond its expiration date.
14. Medication is not to be released to students to take home on the bus. The parent/guardian will be notified of any unused medication remaining at school and is responsible for retrieving this. Medication not picked up by the end of the school year may be discarded by mixing 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. Prescription medication not retrieved is to be counted, with a witness present, and discarded as above. Document this on the student's MAR, including the witness' signatures.
15. ~~911 and the student's parent/guardian are to be called after the administration of any emergency medications (injectable epinephrine device or Auvi-Q, Glucagone, DiaStat, Versed and Clonazepam for prolonged seizures)~~After the administration of emergency medications, EMS will be notified according to student's health plan, the health care provider's order, and the school nurse. The student may be taken home, at the parent/guardian's discretion, if they communicate this to EMS and arrive at school to accept responsibility for the student prior to EMS decision to transport to the hospital.
16. Except for medications approved for self-administration, the administration of any medication to a student must be supervised by an authorized individual and documented immediately in the student information system or on the provided MAR. Documentation of all medicines is to be in the following format:
    a. *Daily medications* are to be given within 30 minutes before or after the stated dose time. Document immediately that the dose has been given with the time the medication was administered and the initials of the person administering the medication; initial and sign the MAR in the bottom left corner.
    b. *PRN medications* are given 'as needed'. Examples include rescue inhalers for students with asthma, Tylenol, injectable epinephrine devices, Glucagon, and DiaStat. After administering, document immediately the time given and initial.
    c. If a student is absent or misses a dose enter "No Show", "absent," "no medication available or other discharges in the student information system and remove the dose from the health office visit. Notify parent/guardian when doses are missed or there is no medication available.
    d. If a medication is discontinued, enter an end (discontinued date for the order, contact/ parent or guardian to pick up the remaining medication and reduce the dose count.
    e. If a medication dose is changed discontinue the medication entering an end (discontinued) date for the order in the electronic health record. Enter a new medication order for the dose.

Medication Administration Procedures

PROCEDURES (CONTINUED)

f. If a paper MAR is used to document administration after hours on a school-sponsored trip, the completed MAR will be scanned into the student's health record.

17. Any use of opioid antagonist shall comply with KRS 217.186.

18. Medication errors: If an error in the administration of medication is recognized, initiate the following steps:

    1. Keep the student in the First Aid Room. If the student has already returned to class when the error is recognized, have the student accompanied to the First Aid Room.
    2. Complete a 'Medication Administration Incident Report' form.
        a. Assess and document the student's status
        b. Identify the incorrect dose/type of medication taken by the student.
        c. Immediately notify the school administrator and school nurse of the error, who will notify the parent/guardian.
        d. Notify the student's physician/health care provider as appropriate.
        e. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
        f. Record in detail all circumstances and actions taken, including instructions from the Poison control Center or physician/health care provider, along with the student's status in the student information system.

19. To safely accommodate physician-ordered titrating doses that are different than the dose written on the prescription bottle, the following conditions would need to be met prior to making that accommodation:

    - A Medication Consent Form would be completed and signed by both parent and healthcare provider for each specific dose adjustment. (For example, if the dose request was for one pill at noon for one week, increasing to two pills at noon for the following week to reach the desired dose of 3 pills at noon daily thereafter. we would need a new consent for completed and signed for each of those dose adjustments);
    - A new MAR would be completed in the student information system for each dose change; this way the dose on the medication record will match the current Medication Administration Consent form in the student information system;
    - A small tab (like a small post-it note) with the current dose (as noted on the Consent Form and MAR) would be completed by the nurse noting current dose due to titration. This would be affixed to the bottle in such a way that all other info on the pharmacy label would still be visible.
    - When the dosage has been titrated, the prescription bottle label would be updated to reflect the current dose, matching with the consent form.

Medication Administration Procedures

PROCEDURES (CONTINUED)

Please contact a member of the nursing staff if you have any questions regarding administering medication at school, the procedures outlined above, if you need clarification on an order or if you are unfamiliar with a medicine.

All forms pertaining to assisting with medication at school as well as these guidelines will be reviewed as needed by the nursing staff. All suggestions regarding revisions should be directed to the Director of Health Services. Any revisions to the above will be in accordance with current education and nursing laws and will reflect safe school nursing practice.

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.

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
American Academy of Pediatrics (School Health Policy and Practice) 5th Ed. 1993
National Association of School Nurses. Position Statement, Administration of Medication in the School Setting.

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Request for Sales Campaign or Solicitation of Funds by Students

Please refer to the KDE document, *Accounting Procedures for School Activity Funds*, which includes the forms and process required for approval of fund-raising projects. Use District form 09.33 AP.23 in lieu of form F-SA-2A from the Accounting Procedures for School Activities Fund (Redbook)

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Fund-Raising Activities - Approval of Schoolwide Fund-Raising Projects

Please refer to the KDE document, Accounting Procedures for School Activity Funds, which includes the forms and process required for approval of fund-raising projects. Use District form 09.33 AP.23 in lieu of form F-SA-2A from the Accounting Procedures for School Activities Fund (Redbook).

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Request for Sales Campaign or Solicitation of Funds by Students

School_____ Faculty/Advisor_____

Sponsoring Club / Organization /Activity Account_____

Proposed Start & End Date_____

(Must not include Dead Period for Athletics)

What is to be sold and how_____

Company Furnishing Product_____

Profit Agreement with Company (Example 60/40)_____

Estimated Profit_____

Purpose/Plans for Funds Raised (Justify Need)_____

_____

Does the Fundraiser violate Title IX equity issues? _____Yes, _____No

Current Account Balance$_____ As of_____

Financial Secretary Signature_____

(for Account Balance & that fundraiser is Redbook compliant)

As Faculty Advisor I am familiar with procedures for accounting for funds outlined in KDE-Accounting Procedures for Kentucky School Activity Funds (Redbook)

Any Fundraiser Advertisements (flyers, media notices, social media posts, etc.) must be approved by the Principal. The advertisements must meet District Policy10.4 (Advertising in the Schools) with no content involving alcohol, gambling, etc.

Facility Use agreements must be in place when required by District Policy

Advisor Signature_____ Date_____

Principal Approval _____ Date_____

Finance Approval _____ Date_____

Superintendent Approval _____ Date_____

PLEASE COMPLETE THE INFORMATION BELOW – Return to Finance within 30 Days of Campaign.

Attach REDBOOK F-SA-2B as detailed documentation

(F-SA-2B due to Principal within one week of completion of fundraising period or event per REDBOOK

Total Cash Receipts $_____

Total Expenditures $_____

Net Profit/Loss $_____

Note – Uses of Funds shall be as noted in Initial Request Above

Advisor Signature_____ Date_____

*Please Reference Board Policy 09.33 for guidelines.