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RESOLUTION TO ESTABLISH HOME RULE BY BOARD OF EDUCATION

Mr. President, I move the adoption of the following resolution:

RESOLUTION

WHEREAS, the Board of Education of Unified School District No. 432, Ellis County, Kansas, has determined that the exercise of powers granted by the legislature is of benefit to the board and local patrons; and

WHEREAS, Kansas law authorizes the board to transact all school district business; and

WHEREAS, the board intends to adopt policies that the board deems appropriate to perform its constitutional duty to maintain, develop and operate local public schools; and

WHEREAS, the board acknowledges that the power granted by law shall not be construed to relieve the board from any obligations to comply with state law; and

WHEREAS, the board acknowledges that the powers granted by law and this resolution shall not be construed to relieve any other unit of government of its duties and responsibilities prescribed by law; and

WHEREAS, the board acknowledges that the powers granted by law do not create any responsibility on the part of the district to assume the duties or responsibilities that are required of another unit of government;

NOW THEREFORE, BE IT RESOLVED, by the Board of Education of Unified School District No. 432, Ellis County, Kansas, that the board shall exercise the power granted by law and by this resolution.

ADOPTED by the Board of Education of Unified School District 432, Ellis County, Kansas, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**W A I V E R O F N O T I C E**

I hereby waive the written notice required under the provisions of K.S.A. 72-8205 as to the time, place and purpose of a special meeting of the Board of Education of Unified School District No. 432, State of Kansas, held on , 20\_\_.

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Member, Board of Education

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Member, Board of Education

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Member, Board of Education

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Member, Board of Education

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Member, Board of Education

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Member, Board of Education

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Member, Board of Education

Attest:

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Clerk, Board of Education  
Unified School District No. 432  
Ellis County  
State of Kansas

Approved:

**Sample Only: Decide on local time limits, retype and  
file with the clerk after board approval.**

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### **Request to Add an Agenda Item**

1. Patrons wishing to address the Board will need to sign the Request for Addressing the Board form in advance of the board meeting. The request form containing signatures will be given to the board president before the board meeting. The board president will allow the patrons to speak by naming them in consecutive order, beginning with the first signature.
2. A maximum of 15 minutes will be allowed each meeting for the public to express their concerns. No one individual may speak longer than three (3) minutes and will only be allowed to address the board one time per meeting.
3. If a group of patrons are coming with a common concern, please designate a spokesperson.
4. Patron's comments shall be limited to issue and may not be referred to personnel. Personnel issues can only be addressed in executive session. A request for an executive session may be made seven (7) days in advance of the meeting and only after discussing the situations with the superintendent.
5. The intent of the Board to allow patrons to speak at board meeting is to listen to the patron's concerns. No immediate decision(s) or comment(s) from board members should be expected.

**Patrons are asked to comply with these guidelines.**

**Recommended Only:** Adapt for local use. Be prepared to accept other written records requests not on this form. You can require: name, address and a description of the record requested in writing. You cannot require this information in any particular form.

UNIFIED SCHOOL DISTRICT NO. 432  
ELLIS COUNTY, KANSAS  
PUBLIC REQUEST FOR  
SCHOOL RECORDS

Person requesting records \_\_\_\_\_

Address of person requesting records \_\_\_\_\_

Specific records being requested:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_ Approval to release records
- \_\_\_\_ Denial to release records
- \_\_\_\_ Delayed release of records

Reason for denial or reason for delay:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Custodian/  
Freedom of Information Officer Date

**For Office Use Only:**

Date and time the request was made \_\_\_\_\_

Estimated cost of copies and applicable employee time: \$ \_\_\_\_\_  
(To be paid in advance)



[RESOLUTION TO ESTABLISH PETTY CASH FUND]

RESOLUTION

WHEREAS, the Board of Education of Unified School District No. 432, Ellis County, Kansas, has determined that the creation of a petty cash fund is an efficient method to pay expenses for school district purposes in emergencies.

WHEREAS, Kansas law authorizes the establishment of petty cash funds;

NOW THEREFORE, BE IT RESOLVED, by the Board of Education of Unified School District No. 432, Ellis County, Kansas that a petty cash fund designated as the \_\_\_\_\_ Building Petty Cash Fund is created for the purpose of receiving and expending funds for needed district expenditures in an emergency. The fund shall be in the amount of \$\_\_\_\_\_.\*

The fund shall be administered by \_\_\_\_\_. The \_\_\_\_\_ shall keep a record of all receipts and expenditures of the fund and shall prepare and file with the Board a statement showing all receipts, expenditures and balance at the end of each \_\_\_\_\_ and at the end of each school year. An itemized receipt shall be maintained for each expenditure. Any person authorized to administer a petty cash fund shall be bonded by the school district.

Upon proper report to the board, the petty cash fund shall be replenished by payment from the appropriate fund of the school district.

The petty cash fund shall not be loaned or advanced against the salary of any employee.

Funds in the petty cash fund shall remain district funds but shall not be considered school money for purposes of K.S.A. 72-8202(d) and the provisions of K.S.A. 12-105(b) shall not apply.

ADOPTED by the Board of Education of Unified School District 432, Ellis County, Kansas, the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

[NOTE: A separate resolution must be adopted for each petty cash fund.]

\* Not to Exceed \$1500.00

[RESOLUTION TO ESTABLISH ACTIVITY FUND]

RESOLUTION

WHEREAS, the Board of Education of Unified School District No. 432, Ellis County, Kansas, has determined that the creation of an activity fund is an efficient method to pay expenses for student activities; and

WHEREAS, Kansas law authorizes the establishment of school activity funds;

NOW THEREFORE, BE IT RESOLVED, by the Board of Education of Unified School District No. 432, Ellis County, Kansas, that an activity fund designated as the \_\_\_\_\_ fund is created for the purpose of receiving and expending funds for student activities, including athletics, music, forensics, dramatics and other board approved student extra-curricular activities.

The fund shall be administered by \_\_\_\_\_. The \_\_\_\_\_ shall keep a record of all receipts and expenditures of the fund and shall prepare and file with the Board a statement showing all receipts, expenditures and balance at the end of each \_\_\_\_\_ and at the end of each school year. Any person authorized to administer an activity fund shall be bonded by the school district.

Funds in the activity fund shall remain district funds but shall not be considered school money for purposes of K.S.A. 72-8202(d) and the provisions of K.S.A. 12-105(b) shall not apply.

ADOPTED by the Board of Education of Unified School District 432, Ellis County, Kansas, the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

[NOTE: A separate resolution must be adopted for each activity fund.]

- Sample Form -

Retype to suit local needs, remove from policy book and file with the clerk and principals. Form could also be included in staff or student handbooks.

<b>Report to Local Law Enforcement</b> <b>USD 432</b>
----------------------------------------------------------

Pursuant to K.S.A. 72-89b03, the administrator or other school employee whose signature appears below is reporting the following crimes.

{Briefly describe each incident and the person/s involved in felonies, misdemeanors and weapons}

<b>Date</b>	<b>School/Location</b>	<b>Student/s or Person/s Involved</b>	<b>Brief Description</b>
1.			
2.			
3.			
4.			
5.			

School Districts are required by Federal Law and K.S.A. 72-6214 to protect the privacy rights of students under the age of 18.
--------------------------------------------------------------------------------------------------------------------------------

Signed: \_\_\_\_\_  
Administrator or other school employee.

cc: Superintendent of Schools, USD 432 Student/s file

**Adapt regulation for local use, remove from policy book  
and distribute as necessary.**

## **NOTICE OF PRIVACY PRACTICES**

**432 District Victoria, HEALTH INSURANCE PLAN  
(referred to as the "Group Health Plan", "We" "Our" or "Us" in this document)**

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**This notice describes how Protected Health Information (PHI) about you may be used and how You can get access to the information.  
PLEASE READ IT CAREFULLY.**

PHI is individually identifiable information about You. All of the following are examples of PHI:

- demographic information: Your name, address, social security number and date of birth; or
- medical information: relating to Your past, present or future physical or mental health that is collected/created/received from You, a health care provider, a health plan, employer or health care clearinghouse; or
- the providing of health care; or
- the past, present or future payment for providing health care to You.

### **OUR LEGAL DUTY**

We are required by applicable federal and state laws to maintain the privacy of Your PHI. We are also required to give You this notice about Our privacy practices, Our legal duties, and Your rights concerning Your PHI. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect on April 14, 2004 or the date coverage became effective for You, whichever is later, and will remain in effect until We replace it.

We reserve the right to change Our privacy practices and the terms of this notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in Our privacy practices and the new terms of Our notice effective for all PHI that We maintain, including PHI We created or received before We made the changes. Before We make a significant change in Our privacy practices, We will change this notice and send the new notice to Our health plan subscribers at the time of the change.

You may request a copy of Our notice at any time. For more information about Our privacy practices, or for additional copies of this notice, please contact Us using the information listed at the end of this notice.

### **USES AND DISCLOSURES OF YOUR PHI**

We use and disclose PHI about You for treatment, payment and health care operations. For example:

- Treatment: We may disclose Your PHI to a doctor, hospital or other health care provider on request when necessary to assist in Your treatment. For example, We might disclose Your PHI to assist in case managements or precertification activities.
- Payment: We may use and disclose Your PHI to pay claims from doctors, hospitals and other providers for services delivered to You that are covered by Your health plan. For example, We might disclose Your PHI to determine Your eligibility for benefits, to coordinate benefits, to examine medical necessity and to issue explanations of benefits to the person who subscribes to

the health plan in which You participate. We may disclose Your PHI to a health care provider or entity subject to the federal Privacy Rules so they can obtain payment or engage in these payment activities.

- Health Care Operations: We may use and disclose Your PHI in connection with Our health care operations. Health care operations include:
  - Rating Our risk and determining contributions for Your health plan;
  - Quality assessment and improvement activities;
  - Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities
  - Medical review, legal services and auditing, including fraud and abuse detection and compliance;
  - Business planning and development; and
  - Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified PHI or a limited data set.

We may disclose Your PHI to another entity which has a relationship with You and is subject to the federal Privacy Rules, for their health care operations relating to quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, or detecting or preventing health care fraud and abuse.

**ON YOUR AUTHORIZATION:** You may give a written authorization to use Your PHI to disclose it to anyone for any purpose. If you give us an authorization, You may revoke it in writing at any time. Your revocation will not affect any use or disclosure permitted by Your authorization while it was in effect. Unless You give Us a written authorization, We cannot use or disclose Your PHI for any reason except those described in this notice.

**TO YOUR FAMILY AND FRIENDS:** We may disclose Your PHI to a family member, friend or other person to the extent necessary to help with your health care or with payment for your health care. We may use or disclose your name, location and general condition or death to notify or assist in the notification of (including identifying or locating) a person involved in your care. Before we disclose Your PHI to a person involved in Your health care or payment for Your health care, We will provide You with an opportunity to object to such uses or disclosures. If You are not present, or in the event of Your incapacity or an emergency, We will disclose Your PHI based on Our professional judgment of whether the disclosure would be in Your best interest.

**UNDERWRITING:** We may receive Your PHI for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this PHI for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with Us. In that case, Our use and Disclosure of Your PHI will only be as described in this notice.

**DISASTER RELIEF:** We may use or disclose Your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts.

**PUBLIC BENEFIT:** We may use or disclose Your PHI as authorized by law for the following purposes deemed to be in the public interest or benefit:

- As required by law;
- For public health activities, including disease and vital statistics reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on Our premises, reporting crimes in emergencies and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state workers compensation laws.

**HEALTH RELATED SERVICES:** We may use Your PHI to contact You with information about health-related benefits and services or about treatment alternatives that may be of interest to You. We may disclose Your PHI to a business associate to assist Us in these activities. We may use or disclose Your PHI to encourage You to purchase or use a product or service by face-to-face communication or to provide You with promotional gifts.

#### **INDIVIDUAL RIGHTS**

- **Access:** You have the right to look at or get copies of Your PHI, with limited exceptions. You may request that We provide copies in a format other than photocopies. We will use the format You request unless We cannot practicably do so. You must make a request in writing to obtain access to Your PHI when You make the request as an exercise of Your HIPAA Privacy rights. Many records are available without making the request as an exercise of HIPAA Privacy rights. You may obtain a form to request access by using the contact information listed at the end of this notice. If You request copies, We will charge You a fee for the costs of copying, other supplies and postage if You want the copies mailed to You and staff time associated with Your request. For information maintained off-site in archival warehouses or that is not reasonably identifiable and accessible, We will charge the actual cost of the time and other resources required to make the information available. If You request an alternative format, We will charge a cost-based fee for providing Your PHI in that format. If You prefer, We will prepare a summary or an explanation of Your PHI for a fee. Contact Us using the information listed at the end of this notice for a full explanation of Our fee structure.
- **Disclosure Accounting:** You have the right to receive a list of instances in which We or Our business associates disclosed Your PHI for purposes other than for treatment, payment, health care operations, as authorized by You, and for certain other activities since April 14, 2004 or the date coverage became effective for You, whichever is later. For example, We would account for Your PHI or demographic information We disclose during an audit by a government oversight agency or pursuant to a court order. You must make Your request in writing. We will provide You with the date on which We made a disclosure, the name of the person or entity to whom We disclosed Your PHI, a description of the PHI We disclosed, the reason for the disclosure and certain other information. If You request this accounting more than once in a 12-month period,

We may charge You a reasonable, Cost-based, fee for responding to these additional requests. Contact Us using the information listed at the end of this notice for a full explanation of Our fee structure and how to make Your request.

- **Restriction:** You have the right to request that We place additional restrictions on Our use or disclosure of Your PHI. You must make a request in writing if You wish to request additional restrictions. You may obtain a form to request additional restriction by using the contact information listed at the end of this notice. We are not required to agree to these additional restrictions, but if We do, We will abide by Our agreement (except in an emergency). Both Your request and any agreement to additional restrictions must be in writing signed by the person making the request and (for Our agreement) by a person authorized to make such an agreement on Our behalf. We will not be bound unless Our agreement is so stated in writing.
- **Confidential Communications:** You have the right to request that We communicate with You about Your PHI by alternative means or to an alternative location. You must make Your request in writing, and You must state that the information could endanger You if it is not communicated in confidence as You request. We must accommodate Your request if it is reasonable, specifies that alternative means or location and continues to permit Us to collect premiums and pay claims under Your health plan, including issuance of explanations of benefits to the subscriber of the health plan in which You participate. An explanation of benefits issued to the subscriber for health care that You received for which You did not request confidential communications or about the subscriber or others covered by the health plan in which You participate may contain sufficient information to reveal that You obtained health care, even though You requested that We communicate with You about that health care in confidence. Other transactions under the membership may also detract from the level of confidentiality You might obtain from an alternate communication or address.
- **Amendment:** You have the right to request that We amend Your PHI. Your request must be in writing, and it must explain why the information should be amended. If You need information about making a request or amendment, contact Us using the contact information listed at the end of this notice. We may deny Your request if We did not create the information You want amended and the originator remains available or for certain other reasons. If We deny Your request, We will provide You a written explanation. You may respond with a statement of disagreement to be appended to the information You wanted amended. If We accept Your request to amend the information, We will make reasonable efforts to inform others, including giving people Your name, of the amendment and to include the changes in any future disclosures of that information.
- **Electronic Notice:** If You receive this notice on Our web site or by electronic mail (e-mail), You are entitled to receive this notice in written form. Please contact Us using the information listed at the end of this notice to obtain this notice in written form.

## **QUESTIONS AND COMPLAINTS**

If You want more information about Our privacy practices or have questions or concerns, please contact Us using the information listed below. If You are concerned that We may have violated Your privacy rights, or You disagree with a decision We made about access to Your PHI or in response to a request You made to amend or restrict the use or disclosure of Your PHI or to have Us communicate with You by alternative means or at an alternative location, You may complain to Us using the contact information listed below. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide You with the address to file Your complaint with the U.S. Department of Health and Human Services upon request. We support Your right to the privacy of Your PHI. We will not retaliate in any way if You choose to file a complaint with Us or with the U.S. Department of Health and Human Services.

# Copyright Regulations and “fair use” rules for educators.

## *Suggested Handbook Language*

In accordance with school board policy ECH, the following regulations will be observed to comply with the copyright laws of the United States.

Under the “fair use” doctrine, unauthorized reproduction of copyrighted materials is permissible for such purposes as criticism, comment, news reporting, teaching, scholarship or research. If duplicating or altering a product is to fall within the bounds of fair use, these four standards must be met for any of the purposes:

### The Purpose and Character of the Use

The use must be for such purposes as teaching or scholarship and must be nonprofit. Fair use would probably allow teachers acting on their own to copy small portions of work for the classroom but would not allow a school system or an institution to do so.

### The Nature of the Copyrighted Work

Copying portions of a news article may fall under fair use but not copying from a workbook designed for a course of study.

### The Amount and Substantiality of the Portion Used

Copying the whole of a work cannot be considered fair use; copying a small portion may be. At the same time, however, extracting a short sequence from a 16mm film may be far different from a short excerpt from a textbook, because two or three minutes out of a 20-minute film might be the very essence of that production and thus outside fair use. Under normal circumstances, extracting small amounts out of an entire work would be fair use, but a quantitative test alone does not suffice.

### The Effect of the Use Upon the Potential Market for or

### Value of the Copyrighted Work

If resulting economic loss to the copyright holder can be shown, even making a single copy of certain materials is an infringement, and making multiple copies can result in greater penalties.

### Prohibited Practice

No one may make multiple copies of a work for classroom use if it has already been copied for another class in the same institution; make multiple copies of a short poem, article, story, or essay from the same author more than once in a class term or make multiple copies from the same collective work or periodical issue more than three times a term; make multiple copies of works more than nine times in the same class term; make a copy of works to take the place of an anthology; and may not make a copy of “consumable” materials, such as workbooks.



### Permitted Practice

A teacher may make--for use in scholarly research, in teaching or in preparation for teaching a class--a single copy of the following: a chapter from a book; an article from a periodical or newspaper; a short story, short essay or short poem (whether or not from a collected work); a chart, graph, diagram, drawing, cartoons or picture from a book, periodical or newspaper; may make (for classroom use only and not to exceed one per student in a class) multiple copies of the following: a complete poem (if it has fewer than 250 words and is printed on not more than two pages), an excerpt from a prose work (if the excerpt has fewer than 1,000 words or 10 percent of the work, whichever is less) and one chart, graph, diagram, cartoon or picture per book or periodical.

A library may, for interlibrary-loan purposes, make up to six copies a year of a periodical published within the last five years, make up to six copies a year of small excerpts from longer works, make copies of unpublished works for purposes of preservation and security and make copies of out-of-print works that cannot be obtained at a fair price.

### Guidelines for Off-Air Recording of Broadcast

#### Programming for Education Purposes

A broadcast program may be recorded off-air simultaneously with broadcast transmission (including simultaneous cable retransmission) and retained for a period not to exceed the first 45 consecutive calendar days after date of recording. Upon conclusion of such retention period, all off-air recordings must be erased or destroyed immediately.

Off-air recordings may be used once by individual teachers in the course of relevant teaching activities and repeated once, only when instructional reinforcement is necessary, in classrooms and similar places devoted to instruction within a single building, cluster or campus, as well as in the homes of students receiving formalized home instruction, during the first 10 consecutive school days in the 45 calendar day retention period. "School days" are school session days--not counting weekends, holidays, vacations, examination periods or other scheduled interruptions--within the 45 calendar day retention period.

Off-air recordings may be made only at the request of and used by individual teachers and may not be regularly recorded in anticipation of requests. No broadcast program may be recorded off-air more than once at the request of the same teacher, regardless of the number of times the program may be broadcast.

A limited number of copies may be reproduced from each off-air recording to meet the legitimate needs of teachers under these guidelines. Each such additional copy shall be subject to all provisions governing the original recordings.

After the first 10 consecutive school days, off-air recordings may be used up to the end of the 45 calendar day retention period only for evaluation purposes by the teacher, i.e., to determine whether or not to include the broad-cast program in the teaching curriculum. They may not be used for student exhibition or any other nonevaluation purpose without authorization.

Off-air recordings need not be used in their entirety, but the recorded programs may not be altered from their original content. Off-air recordings may not be physically or electronically combined or merged to constitute teaching anthologies or compilations.

All copies of off-air recordings must include the copyright notice on the broadcast programs as recorded.

#### Computer Software

District employees may make a back-up copy of computer programs as permitted by current Federal Law. Back-up copies may be used for archival purposes only and all archival copies shall be destroyed in the event that continued possession of the computer program should cease to be rightful.

When software is used on a disk-sharing system, efforts shall be made to secure this software from copying.

Illegal copies of copyrighted programs shall not be made or used on school equipment.

Approved by Board of Education: \_\_\_\_\_ Date

**- Sample Form -**

Retype to suit local needs, remove from policy book and file with the clerk and principals. Form could also be included in staff handbooks.

<b>Report to Local Law Enforcement</b> <b>USD USD 432</b>
--------------------------------------------------------------

Pursuant to Kansas law, the administrator or other school employee whose signature appears below is reporting the following crimes:

Briefly describe each incident and the person/s involved in a misdemeanor or felony behavior at school, on school property, or at a school activity.

<b>Date</b>	<b>School/Location</b>	<b>Person/s Involved</b>	<b>Brief Description of bullying incident/s.</b>
1.			
2.			

School Districts are required by Federal Law and K.S.A. 72-6214 to protect the privacy rights of students under the age of 18.
--------------------------------------------------------------------------------------------------------------------------------

Signed: \_\_\_\_\_  
Administrator or other school employee

c/superintendent, USD 432; c/employee's file

## APPLICANT JOB APPLICATION ACKNOWLEDGMENTS

**The following statements should be included on all job applications:**

1. I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination.
2. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize any background checks by any third party.
3. I authorize you to request, receive, and verify all information given on this application and I release you from all damages that may result from your doing so.
4. I authorize you to conduct a criminal background investigation using any and all methods necessary to successfully complete such investigation, and I release you from all liability for any damages that may result from your doing so.

---

Signature of Applicant

---

Date

# Request to Release Personnel Records

(re: USD 432 Policy GAK)

To: \_\_\_\_\_: (Superintendent/records custodian: USD 432)

From: \_\_\_\_\_ (Employee or former employee)

I hereby request that my personnel records be copied and released to:

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(Name of Organization/Official to whom records are to be sent)

Signed: \_\_\_\_\_

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

---

By requesting this release of my personnel records, I understand the administration may release the following information:

- my employment date(s);
- my job description and duties while in the district's employ;
- my last salary or wage;
- my wage history;
- whether I was voluntarily or involuntarily released from service and the reasons for the separation;
- written employee evaluations, which were conducted prior to my separation from USD432

c/USD files

(Remove this page from the policy book)

### **SAMPLE: FAMILY AND MEDICAL LEAVE PLAN**

Family and medical leave as required by federal law shall be granted for a period of up to 12 weeks during a 12-month period. For purposes of this policy, a 12-month period shall be defined as a fiscal year beginning on July 1 and ending the following June 30. Spouses employed by the district may only take an aggregate of 12 weeks of leave for the birth or adoption of a child within a 12-month period.

Leave is available for the following:

- (1) the birth of a son or daughter of the employee and to care for the newborn child;
- (2) the placement of a son or daughter with the employee for adoption or foster care and to care for the newly placed child;
- (3) to allow the employee to care for the employee's spouse, son, daughter, or parent with a serious health condition;
- (4) a serious health condition of the employee that makes the employee unable to perform the functions of his or her job;
- (5) any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on active duty (or has been notified of an impending call or order to achieve active duty) in support of a contingency operation; and
- (6) the need to care for a covered service member with a serious injury or illness if the employee is the spouse, son, daughter, parent, or next of kin of the service member. Eligible employees are, for reason (6) only, entitled to a combined total of 26 workweeks of leave during a 12-month period.

(Leave for reason 1 or 2 must be taken within 12 months of the date of birth or placement of the child.)

This leave shall normally be unpaid leave. However, if the employee has any paid vacation, personal, or sick leave that is available for use because of the reason for the leave, the paid leave shall be used first and counted toward the annual family and medical leave. The superintendent will notify the employee of the beginning date of family and medical leave and the amount of the employee's accrued paid leave designated as family and medical leave.

The employee is eligible for family and medical leave if he or she has been employed by the district for at least 12 months and has worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the FMLA leave.

During the period of any unpaid family and medical leave, the board shall continue to pay the employer's share of the cost of group health benefits in the same manner as paid immediately prior to the leave. Any employee portion of the cost shall be paid by the employee to the clerk of the board on the payroll date or other time as the employee and superintendent may agree prior to the commencement of the leave. The board may terminate group health coverage if

the employee's portion of the payment is not received within 30 days of the due date, so long as written notice of the delinquency in payment and the notice of intent to terminate coverage are sent at least 15 days prior to the termination.

When leave is foreseeable, the employee shall give written notice 30 days in advance. If leave is not foreseeable, notice will be given as soon as is practicable.

Upon the employee providing notice of need for leave, the employer will notify the employee of the following within 5 business days, absent extenuating circumstances:

- a. whether or not the employee is eligible for FMLA leave;
- b. the reasons that leave will or will not count as family and medical leave,
- c. any requirements for medical certification,
- d. employer requirement of substituting paid leave,
- e. requirements for premium payments for health benefits and employee responsibility for repayment if employer pays employee share,
- f. right to be restored to same or equivalent job, and
- f. any employer required fitness-for-duty certifications.

Family leave (reasons 1 or 2) may not be used intermittently or on a part-time basis without the prior approval of the superintendent.

The superintendent may require an instructional employee to continue leave until the end of a semester if the leave begins more than five (5) weeks before the end of a semester, lasts more than three (3) weeks and the return would occur during the last three (3) weeks of the semester.

If the leave is for a reason other than the employee's serious health conditions or for a qualifying exigency as described in section (5) above, the superintendent may require an instructional employee to continue leave until the end of a semester, if:

1. the leave begins in the last five (5) weeks of a semester, will last more than two (2) weeks and the return to work would occur in the last two (2) weeks of a semester, or
2. the leave begins in the last three (3) weeks of a semester, and lasts more than five (5) days.

# IDAD-Regulation-Title I Programs

**NOTE: This document MUST be approved by board action to become policy. File with clerk, distribute to principals and duplicate as necessary in district newsletters and other documents.**

## Regulation – Title I

### Parental Involvement Encouraged

Parents shall receive information about the Title I program, the curriculum, academic assessments, and required proficiency levels, and their right to request additional meetings. All parents of Title I students shall be invited to the meetings.

The board shall strongly encourage parental involvement in the district's Title I program. Included in these efforts shall be: activities that will educate parents regarding the intellectual and developmental needs of their children at all age levels including:

- Assistance in understanding.
  - State academic content and achievement standards;
  - How to monitor their child's progress; and
  - Title I regulations.
- Activities that include promoting cooperation between the district and other agencies or school/community groups (such as parent-teacher groups, Head Start, Parents as Teachers, etc.) to furnish learning opportunities and disseminate information regarding parenting skills and child/adolescent development.



- Implementing strategies to involve parents in the educational process, including: Joint development of a school-parent compact that outlines the shared responsibilities of the school and the parent for high student achievement by:
  - Keeping families informed of opportunities for involvement and encouraging participation in various programs.
  - Providing access to educational resources for parents/families to use together with their children.
  - Keeping families informed of the objectives of district educational programs as well as of their child's participation and progress within these programs.
  - Allowing parents reasonable access to staff who work with their children.
  - Providing professional development opportunities for teachers and staff to enhance their understanding of effective parent involvement strategies.
  - Promoting activities, which emphasize the importance of parent-school communication.

#### Activities to Enable Parental Participation

The district shall enable families to participate in the education of their children through a variety of roles. For example, family members shall be given opportunities to:

- Provide input into district policies that affect Title I programs and their children.
- Understand and participate in school improvement efforts.
- Volunteer time within classrooms and school programs.
- Perform regular evaluations of parent involvement at each school and at the district level.
- Provide access, upon request, to any instructional material used as part of the educational curriculum.
- Provide information in a language understandable to parents, if practical.

### Scheduling for Parents' Convenience

The district shall, to the extent possible, schedule activities for parent involvement at times and places accessible to parents of Title I students and provide information in a format and language the parents understand.

### Annual Evaluation

The district shall conduct, with involvement of parents, an annual evaluation of the contents and effectiveness of the parental involvement policy IDAD. The district shall use the findings of the evaluation to design strategies for more effective parental involvement and to revise, if necessary, the policy IDAD.

Approved: KASB Recommended Regulation – 7/03; 1/04



guardian. If the youth is unaccompanied by a parent or guardian, the homeless coordinator will consider the views of the youth in deciding where the youth will be educated. The choice regarding placement shall be made regardless of whether the child or youth lives with the homeless parents or has been temporarily placed elsewhere.

The school selected shall immediately enroll the homeless child or youth, even if the child or youth is unable to produce records normally required for enrollment, such as previous academic records, immunization records, proof of residency or other documentation. However, the district may require a parent or guardian of a homeless child or youth to submit contact information.

The district must provide a written explanation, including a statement regarding the right to appeal, to the homeless child or youth's parent or guardian, or to the homeless youth if unaccompanied, if the district sends the child or youth to a school other than the school of origin or other than a school requested by the parent or guardian.

If a dispute arises over school selection or enrollment in a school, the child or youth shall be immediately admitted to the school in which enrollment is sought, pending resolution of the dispute. The child, youth, parent or guardian shall be referred to the district homeless coordinator, who will carry out the dispute resolution process as expeditiously as possible.

For the purposes of this policy, "school of origin" is defined as the school that the student attended when permanently housed or the school in which the student was last enrolled.

A complaint regarding the placement or education of a homeless child or youth shall first be presented orally and informally to the district's homeless

coordinator. If the complaint is not promptly resolved, the complainant may present a formal written complaint (grievance) to the homeless coordinator. The written complaint must include the following information: date of filing, description of concerns, the name of the person or persons involved and a recapitulation of the action taken during the informal charge stage. Within five (5) working days after receiving the complaint, the coordinator shall state a decision in writing to the complainant, with supporting evidence and reasons. In addition, the coordinator will inform the superintendent of the formal complaint and the disposition.

### Services

Each homeless child or youth shall be provided services comparable to services offered to other students in the district including, but not limited to, transportation services; educational services for which the child meets the eligibility criteria, such as educational programs for disadvantaged students, students with disabilities and gifted and talented students; vocational programs and technical education; school meals programs; preschool programs; before-and after-school care programs; and programs for students with limited English proficiency. Homeless students will not be segregated in a separate school or in a separate program within a school based on the students' status as homeless.

### Transportation (See EDAA, JBC and JGG)

If it is in the best interest of the homeless child or youth to attend the school of origin, transportation to and from that school will be provided at the request of the parent or guardian or, in the case of an unaccompanied youth, the homeless coordinator. If the student's temporary housing is outside the attendance area of the school of origin, then the district will work with the

school of origin to agree on a method to apportion the responsibility and costs for transporting the child. If an agreement cannot be reached, the costs will be shared equally.

#### Records (See JR and JGCB

Any records ordinarily kept by the school, including immunization records, academic records, birth certificates, guardianship records and evaluations for special services or programs of each homeless child or youth shall be maintained so that appropriate services may be given the student, so that necessary referrals can be made and so that records may be transferred in a timely fashion when a homeless child or youth enters a new school district. Copies of records shall be made available upon request to students or parents in accordance with the Family Educational Rights and Privacy Act.

#### Coordinator

The Board designates the following individual to act as the district's homeless coordinator: Superintendent, P.O. Box 139, Victoria, KS 67671-0139, 785-735-9212. The district shall inform school personnel, service providers and advocates working with homeless families of the duties of the district homeless coordinator. The homeless coordinator will ensure that:

1. Homeless children and youths are identified by school personnel and through coordination activities with other entities and agencies.
2. Homeless children and youths enroll in, and have a full and equal opportunity to succeed in, schools in the district.
3. Homeless families, children and youths receive educational services for which such families, children and youths are eligible, including Head Start, Even Start and preschool programs administered by the district and referrals to health care services, dental services, mental health services and other appropriate services.
4. The parents or guardians of homeless children and youths are informed of the educational and related opportunities available to their children

and are provided with meaningful opportunities to participate in the education of their children.

5. Public notice of the educational rights of homeless children and youths is disseminated where such children and youths receive services, such as schools, family shelters and soup kitchens.
6. Enrollment disputes are mediated in accordance with law.
7. The parent or guardian of a homeless child or youth, and any unaccompanied youth, is fully informed of all transportation services, including transportation to the school of origin and is assisted in accessing transportation to the school selected.
8. Unaccompanied youths will be assisted in placement or enrollment decisions, their views will be considered and they will be provided notice of the right to appeal.
9. Children or youths who need to obtain immunizations, or immunization or medical records, will receive assistance.

Approved: KASB Recommended Regulation – 7/03; 4/07

# Complaint Form

## PROGRAMS FOR HOMELESS STUDENTS

*(Assignment to a School Other than School of Origin/School Requested by the Parent)*

After reviewing the situation, it would be in the best interest of your child or youth to be educated at \_\_\_\_\_.

Explanation of decision: \_\_\_\_\_

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If you so choose, you may appeal this decision in the following manner:

You may verbally and informally state your complaint to the district's homeless coordinator. If the complaint is not promptly resolved, you may complain in writing to the homeless coordinator. You must include the following information: date of filing, description of the complaint, the name of the person or persons involved and an explanation of the action taken during the informal charge stage. Within five (5) working days after receiving the complaint, the coordinator will provide you a written decision, with supporting evidence and reasons. In addition, the coordinator will inform the superintendent of the formal complaint and the result.

Approved: KASB Recommended Regulation – 7/03; 4/07



(From KASB Forms Book)

**PARENT CONSENT AND WAIVER FOR CHILD 16 OR OLDER TO BE EXEMPT FROM COMPULSORY ATTENDANCE REQUIREMENTS.**

I, (Name of Parent(s) or Person Acting As Parent), understand that pursuant to Kansas law, (Name of Student) is required to attend school until he/she receives a high school diploma or general educational development (GED) credential or reaches the age of 18, whichever occurs first.

Pursuant to K.S.A. 72-1111, as amended, Unified School District No. USD 432 encourages (Name of Student) to remain in school or to pursue an education alternative.

The academic skills listed below have not been achieved by (Name of Student) :

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Based on (Source of Information) the difference in future earning power between a high school graduate and a high school drop out is \_\_\_\_\_.

Name of Student is encouraged to attend one of the following area alternative education programs in order to aid Name of Student in obtaining a high school diploma, a general education development credential, or other certification of completion, such as a career technical education industry certification:

*(List any programs that may be available. Contact information for accredited private schools, virtual schools, and virtual programs can be found at <http://www.ksde.org/Default.aspx?tabid=4606>. The statutory language suggests an "alternative learning plan" could also include extended learning opportunities such as independent study, private instruction, performing groups, internships, community service, apprenticeships, and online coursework.)*

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I (we), the undersigned, hereby give written consent to allow Name of Student, who is [16] [17] years of age, to be exempt from the Kansas compulsory attendance requirement and state we have

attended the final counseling session conducted by USD No. 432 in which the above information was presented to us.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent(s) or Person  
Acting as Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Retype, customize for local use, remove from policy book and file with the clerk/principals.

## Search Report Form

Name of the student \_\_\_\_\_

Parents contacted \_\_\_\_\_yes \_\_\_\_\_no

Time of search \_\_\_\_\_ Date \_\_\_\_\_

Place of search \_\_\_\_\_

Reason or reasons for the search \_\_\_\_\_

Law enforcement officials were called by \_\_\_\_\_

Name of the person who conducted the actual search \_\_\_\_\_

Names of the persons present while the student was being searched:

Result of the search \_\_\_\_\_

Object/s confiscated

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>Notifications</b>	Parent/Guardian _____	Name	Time	Results
	Law enforcement _____	Name	Time	Results
	Other _____	Name	Time	Results

cc: Student's file  
cc: Superintendent

**- Sample Form - (Use to Report All Crimes)**

Retype to suit local needs, remove from policy book and file with the clerk and principals. Form could also be included in staff or student handbooks.

<b>Report to Local Law Enforcement</b> <b>USD 432</b>
----------------------------------------------------------

Pursuant to Kansas law, the administrator or other school employee whose signature appears below is reporting the following crimes:

Briefly describe each incident and the person/s involved in a misdemeanor or felony; possession of a weapon at school, on school property, or at a school activity; or possession, use, sale or distribution of an illegal drug or controlled substance at school, on school property or at a school activity; or behavior at school, on school property, or at a school activity, which resulted in, or is likely to result in, serious bodily injury to others.

<b>Date</b>	<b>School/Location</b>	<b>Student/s or Person/s Involved</b>	<b>Brief Description</b>
1.			
2.			
3.			
4.			
5.			

School Districts are required by Federal Law and K.S.A. 72-6214 to protect the privacy rights of students under the age of 18.
--------------------------------------------------------------------------------------------------------------------------------

Signed: \_\_\_\_\_  
Administrator or other school employee

c/superintendent, USD 432; c/student's file

**- Sample Form -**

Retype to suit local needs, remove from policy book and file with the clerk and principals. Form could also be included in staff or student handbooks.

<b>Report to Local Law Enforcement</b> <b>USD 432</b>
----------------------------------------------------------

Pursuant to Kansas law, the administrator or other school employee whose signature appears below is reporting the following crimes:

Briefly describe each incident and the person/s involved in a misdemeanor or felony behavior at school, on school property, or at a school activity.

<b>Date</b>	<b>School/Location</b>	<b>Student/s or Person/s Involved</b>	<b>Brief Description of bullying incident/s.</b>
1.			
2.			

School Districts are required by Federal Law and K.S.A. 72-6214 to protect the privacy rights of students under the age of 18.
--------------------------------------------------------------------------------------------------------------------------------

Signed: \_\_\_\_\_  
Administrator or other school employee

c/superintendent, USD 432; c/student's file

**SAMPLE FORM**

USD 432

School \_\_\_\_\_

Medications Given at School

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

Parent/Guardian \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_ Prescribed by \_\_\_\_\_

Dosage \_\_\_\_\_ Time to be Given \_\_\_\_\_

Duration of Orders \_\_\_\_\_

\_\_\_\_\_

Date	Time	Dosage	Administered By (signature)	Comments
------	------	--------	--------------------------------	----------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Permission for Medication

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

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

I hereby give my permission for \_\_\_\_\_ to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug or nonprescription medication pursuant to parental written request to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

NOTE: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage and times to be administered.

## Permission for Self-Administration of Medication

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Conditions under which the medication is to be given:

\_\_\_\_\_  
Any additional circumstances under which the medication is to be given:

\_\_\_\_\_  
Length of time medication is to be administered:

\_\_\_\_\_  
I hereby give my permission for **(name of student)** to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

**My child has been instructed on self-administration of the medication and is authorized to do so in school.**

Signature of Parent or Guardian  
[NOTE: Parental permission must be renewed annually]  
\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Health Care Provider  
\_\_\_\_\_  
Date \_\_\_\_\_

Approved:



## Permission for Self-Administration of Medication

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

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Date Started \_\_\_\_\_

Conditions under which the medication is to be given:

\_\_\_\_\_  
Any additional circumstances under which the medication is to be given:

\_\_\_\_\_  
Length of time medication is to be administered:

\_\_\_\_\_  
I hereby give my permission for **(name of student)** to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

**My child has been instructed on self-administration of the medication and is authorized to do so in school.**

Signature of Parent or Guardian

**[NOTE: Parental permission must be renewed annually]**

\_\_\_\_\_  
Date \_\_\_\_\_

Signature of Health Care Provider

\_\_\_\_\_  
Date \_\_\_\_\_

Approved:

**Sample Only: Adapt for local use**

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Public Input Form: Request to Add/Eliminate an Activity

1. Name:
2. Address:
3. Represents:      Self      Group:
4. Name of Group:
5. Activity to eliminate: Explain rationale
6. Activity to add:
7. Proposed start-up budget: \$ \_\_\_\_\_
  - Prepare a detailed budget sheet for board consideration.
  - Where would you get the money?
    - If no new money is available, what existing program would you propose reducing or eliminating to fund the proposed budget?
8. On-going budget: \$ \_\_\_\_\_

Prepare a reasonably detailed on-going budget which describes the on-going expenses necessary to maintain the program.
9. Indicate need to add program:
10. OTHER:

Use additional paper as necessary.

Signed: \_\_\_\_\_

Date submitted to administration: \_\_\_\_\_, 200\_

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# SAMPLE HANDBOOK LANGUAGE / FORMS FOR DISTRICT USE AFTER BOARD APPROVAL

## General Information

### Student Privacy Rights (See JRB)

Identifiable student images shall not be posted on district or school websites without prior written permission from the student and, if under 18, the student's parent or guardian. The mailing address, telephone number or other personally identifiable information about any student shall not be posted on district or school web sites. All applicable requirements of the Family Educational Rights and Privacy Act (FERPA) shall be followed.

### Copyrighted Material Posted On Websites (See KBA)

Any original materials created by students are owned by those students. Original materials will not be posted on district or school web sites without prior written permission of the student who created the work. \_\_\_\_\_ (Webmaster/Principal, etc.) shall be in charge of monitoring permission to post copyrighted materials.

### Software Copyright (See ECH)

Software acquired by staff using district or school web sites, and installed on district computers, must comply with copyright laws. Proof of purchase (copy or original) must be filed in the district office.

### Downloading Copyrighted Materials (ECH)

Students and staff shall not download copyrighted materials without prior, written permission being obtained from the author or creator of the material in question. See ECH for "fair use exceptions" which may allow for limited use of copyrighted materials.

USD 432 Victoria, Kansas

SCHOOL PERSONAL PROPERTY AND EQUIPMENT USE PERMIT  
[Sample Only]

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This permit authorizes use of the school equipment as listed. The person to whom this permit is issued agrees to accept responsibility for care of the equipment and compliance with school board policy KGA.

Person to Whom Issued: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Group or Organization Represented: \_\_\_\_\_

Equipment Needed: \_\_\_\_\_

Date(s) of Use: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Insurance and Other Special District Requirements for Use: \_\_\_\_\_

Date and Amount Paid: \_\_\_\_\_

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be signed by the person to whom it is issued and presented to the person responsible for the equipment on the date(s) shown. Please read all the provisions and guidelines related to this agreement. I have read the Equipment Use Agreement and Guidelines and I agree that I will be responsible to see that there is full compliance with them.

- 1st copy: Requester's copy
- 2nd copy: Building Principal
- 3rd copy: District office

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

Approved Borrower

**VICTORIA USD #432**

**COMPLAINT FORM**

(Confidential)

**Person Making Complaint**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Reported to: \_\_\_\_\_ Position: \_\_\_\_\_

**Is the nature of the complaint about:**

- Sexual Harassment       Facilities and Services       Instructional Materials  
 Personnel       Curriculum       Discrimination of the basis of \_\_\_\_\_

**Please describe the situation and include information about:**

Who were the persons engaging in the conduct and the nature of the conduct?

When did it occur? \_\_\_\_\_ Where did it occur? \_\_\_\_\_

What effect did the incident have on you?

Were there any witnesses to this incident?       Yes       No

If yes, indicate who the witnesses were:

I certify that the information supplied on this form is accurate. \_\_\_\_\_  
Signature

**COMPLAINT FORM**  
**This section for Office Use Only**

Person Making Complaint

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Date of Action: \_\_\_\_\_

Date of Follow-up: \_\_\_\_\_

Approved 3/9/2020

KN COMPLAINTS

U.S.D. No. \_\_\_\_\_  
**Complaint Form**

The policies of Board of Education of U.S.D. No. ### prohibit discrimination on the basis of race, color, national origin, disability, religion, genetic information, and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited. Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following discrimination coordinators:

District Discrimination Coordinator: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Building Discrimination Coordinators: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title IX Coordinator: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Complainant: Address: Email Address: Telephone Number:	_____ _____ _____ _____
Nature of the Complaint (Please Select Any that Apply):	I believe that I have or someone I know has been subjected to discrimination on the basis of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Racial Harassment <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Genetic Information <input type="checkbox"/> Harassment on the basis of _____; OR <input type="checkbox"/> General Complaint/Not Related to Perceived Discrimination My complaint is not one of perceived discrimination or harassment but is regarding the situation described below.
Please describe the incident or act complained of: Please include information about: <ul style="list-style-type: none"> <li>• Who was the person engaging in the conduct?</li> <li>• Who was the conduct directed toward?</li> <li>• What was the nature of the conduct?</li> <li>• When did it occur?</li> <li>• Where did it occur?</li> <li>• What effect did the incident have on you? What effect did it have on the person allegedly targeted?</li> </ul>	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Attach additional sheets if necessary.
Were there any witnesses to this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate who the witnesses were: _____ _____
What action do you believe the school or district should take with regard to this incident?	_____ _____

If this matter proceeds to an investigation or hearing, will you appear and be interviewed and/or testify as to your knowledge of the matter?  Yes  No

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# U.S.D. No. 432

## Complaint of Discrimination Form

The policies of Board of Education of U.S.D. No. 432 prohibit discrimination on the basis of race, color, national origin, disability, religion and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited.

Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following discrimination coordinators:

District Discrimination Coordinator: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Building Discrimination Coordinators: Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Complainant:

Address:

Telephone Number:

Nature of the Complaint:

I believe that I have been subjected to discrimination on the basis of:

- Race      Color      National Origin      Racial Harassment  
 Sex      Sexual Harassment      Disability      Religion  
 Age      Harassment on the basis of \_\_\_\_\_

Please describe the incident or act complained of:  
Please include information about:

- Who was the person engaging in the conduct?
- What was the nature of the conduct?
- When did it occur?
- Where did it occur?
- What effect did the incident have on you?

Attach additional sheets if necessary.

Were there any witnesses to this incident?

Yes    No

If yes, please indicate who the witnesses were:

What action do you believe the school should take with regard to this incident?

If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter?    Yes    No