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(Forms, Handbook Language, Regulations etc.)

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BCAC SPECIAL MEETINGS

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. 72-1138 as to the time, place and purpose of a special meeting of the Board of Education of Unified School District No. 448, State of Kansas, held on_____, 20__.

Member, Board of Education

Member, Board of Education

Member, Board of Education

Member, Board of Education

Member, Board of Education

Member, Board of Education

Member, Board of Education

Attest:

Clerk, Board of Education
Unified School District No. 448
McPherson County
State of Kansas

Approved: 6/18

CN PUBLIC RECORDS

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. 448
Inman, 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)

GAAE BULLYING BY ADULTS

Report to Local Law Enforcement

USD 448

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.

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

School Districts are required by Federal Law and K.S.A. 72-6311 to protect the privacy rights of students under the age of 18.

Signed: _____
Administrator or other school employee

c/superintendent, USD 448;

c/employee's file

GACC RECRUITMENT AND HIRING

Affidavit of Continuous Residency

STATE OF KANSAS

COUNTY OF McPherson

I, _____ of lawful age and being first duly sworn on my oath,
allege and state as follows:

1. That I have been a permanent residence of the State of Kansas for the past _____ years.

2. That I have resided at the following addresses for the last 10 years:
(List most recent first.)

Address (Street Address, Town or City and Zip Code)	From	To

Name

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__.

Notary Public

My appointment expires: _____

GBO EMPLOYEE EXIT INTERVIEW FORM

USD No. 448 Employee Exit Interview Form
Approved by the USD No. 448 BOE
January 19, 2004

Directions: Please complete this form and return it to your *building principal, the superintendent, or Board President during your last week of employment. This form will need to be completed prior to final checkout.* You may be asked to discuss and expand upon your responses during your exit interview. Your candor and thoroughness in answering these questions and during the interview are appreciated.

Name: _____ Date: _____

Position: _____ School: _____ Years in District: _____

1. Reason for leaving USD No. 448.

- ☐ Voluntary resignation
- ☐ Retirement
- ☐ Discharge

2. What are the primary reasons for leaving your faculty position at Inman—USD No. 448?

- | | |
|--|---|
| <input type="checkbox"/> Salary inadequate | <input type="checkbox"/> Lack of employment for spouse |
| <input type="checkbox"/> Cost of housing | <input type="checkbox"/> Better off elsewhere |
| <input type="checkbox"/> Teaching load | <input type="checkbox"/> Other reasons (be as specific as possible) |
| <input type="checkbox"/> Equipment/facilities inadequate | |

Comments:

3. At the time you were hired, what factors contributed to your decision to accept the position at USD No. 448?

4. What were the three most enjoyable aspects of your employment in USD No. 448?

GBO EMPLOYEE EXIT INTERVIEW FORM

5. What was the least enjoyable aspect of your employment in USD No. 448?
6. What changes would you suggest we make at USD No. 448 because of your experiences?
7. What suggestions do you have for improving communications within the district?
8. Do you have specific suggestions that the board may wish to consider to improve their operations and their ability to serve the needs of the district's children?
9. Do you have ownership or administrative rights on classroom or school related online, digital accounts? If so, we need to know specific account information (i.e. Online classroom accounts. Social media accounts...)
10. Do you have interest in purchasing any of your existing, district owned technology. If yes, you will need to notify us and have payment for the device at your exit interview. If no, you will need to be prepared to relinquish your technology at the time of checkout.
11. Do you understand your rights to continued eligibility for health coverage through COBRA?*
12. Are you familiar with your options under KPERS?*

GBO EMPLOYEE EXIT INTERVIEW FORM

13. Health Insurance for Retirees—State Law allows retirees, who have worked ten (10) years or longer with the school district, to participate in the USD No. 448 Health Insurance program. This policy will allow retirees to continue with district health insurance until they reach the age of 65. The classified retiree will pay their total premium and the Board of Education will not be obligated for any payment of their premium. Will you continue to take health insurance through the district under the provisions of this law?

YES NO

I hereby acknowledge that I have completed my assigned duties to the best of my knowledge, have returned all school and/or district property and keys, ***and have completed this form to the best of my knowledge.***

Employee's Signature: _____

Date: _____

Signature of Building Principal, Superintendent, or Board President

Conducting the exit interview: _____

Date: _____

A copy of this document will be given to the employee, a copy to the board president, and a copy will be placed in the employee's personnel file.

*If you need additional information on #11 or #12, please contact the USD No. 448 Central Office.

IDAD TITLE I PROGRAMS

Title I Parent Involvement: Policy Development Meetings

USD 448, McPherson County, KS

Date of meeting/s (fill out sheet for each meeting): _____

Parents present (list names, address, phone, child's name):

Name	Address	Phone	Child's Name

Major topics discussed:

IDAD TITLE I PROGRAMS

Proposed changes (if any) made to policy IDAD

Administrators and other school employees present:

Name	Title/Position	Building

Copies to: Clerk of the Board; Superintendent of Schools; School Principal

Approved:

KASB Recommendation - 3/17

IF TEXTBOOKS, INSTRUCTIONAL MATERIALS & MEDIA CENTERS

USD 448
REQUEST FOR REVIEW OF A TEXTBOOK,
INSTRUCTIONAL MATERIAL,
OR
MEDIA CENTER MATERIAL

Request initiated by _____

Telephone _____ Address _____

Complainant represents: _____ self; or if a group:

Name of group _____

The material I object to is a: film ___ recording ___ magazine ___ pamphlet ___ textbook ___
other _____.

Book or other material _____

Author (if known) _____

Publisher (if known) _____

1. Are you familiar with the district policy, procedure and philosophy regarding selection of text
books, instructional materials and media center materials? ___ Y ___ N

2. To what in the material do you object? (Please be specific; cite pages or items.)

3. What do you feel might be the result of using this material? _____

4. Did you read or view all this material? _____ If no, how were the parts selected for reading or
viewing?

IFCB FIELD TRIPS

NOTE: This form must be signed and returned to the school by _____ (date)

if the student named below is to participate in the field trip or activity.

Consent to Participate in Field Trip or Other Activity and Consent for Treatment

I, _____, the parent and legal guardian of _____

give my consent for my child to participate in the field trip/other activity described here:

_____ on _____ date. I further give my legal consent and authorize any representative of _____ School to authorize emergency medical treatment, including any necessary surgery or hospitalization, for my above-named child, for any injury or illness of an emergency nature he/she incurred while participating in the field trip or other activity noted above by any physician or dentist licensed in accordance with the provisions of the Kansas Healing Arts Act, K.S.A. 65-2801, and any hospital.

I agree to pay and assume all responsibility for medical and hospital expenses and any emergency services incurred on behalf of my child.

I acknowledge and agree that _____ School is not responsible for any medical, hospital expenses and/or other charges that are incurred in the medical treatment or hospitalization of my child. A photocopy of this document shall have the same force and effect as the original. If my child requires emergency medical treatment, I understand that school personnel will make a reasonable attempt to contact me to seek my permission to authorize that treatment. To facilitate contacting me, I agree to continue to provide current work and home phone numbers to the school.

Work phone number

Home phone number

Health insurance provider name

Health insurance policy number

Parent or Legal Guardian

Date

Parent or Legal Guardian

Date

IIBF INTERNET USE AGREEMENT

Internet Use Agreement Inman Public Schools

STUDENT AGREEMENT

I understand that use of school network services, including Internet access, is a privilege, not a right. After reading the Acceptable Use Guidelines, I understand and will abide by the USD No. 448 Network Use Guidelines. I also understand that my failure to comply with the above guidelines can result in loss of my network privileges as well as more serious disciplinary and/or legal action.

Student Signature _____ Date _____

PARENT OR GUARDIAN PERMISSION

I have read and understand the USD No. 448 Internet Policy. I also understand that this access is designed for educational purposes and that school personnel will make every effort to properly supervise my child's use of network services. I understand that since it is technically impossible for USD No. 448 to restrict access to **ALL** controversial materials. I will not hold them responsible for any materials required on the network. I hereby give permission for my child to have individual Internet access.

Parent and/or Guardian Signature _____ Date _____

PARENT OR GUARDIAN TO DENY PERMISSION

I do not wish my child to have individual access to the Internet.

Parent and/or Guardian Signature _____ Date _____

IKCA HUMAN SEXUALITY AND AIDS EDUCATION

HUMAN SEXUALITY

AND

AIDS EDUCATION

I, _____, parent/guardian of
_____, request that my child be removed from those
portions of the Human Sexuality/AIDS instruction noted below:

I have had the opportunity to review the curriculum goals and objectives
or have had the opportunity to have them explained to me by a school official.

Date

Signature of Parent/Guardian

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: _____

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 student liaison. If the complaint is not promptly resolved, you may complain in writing to the district homeless student liaison. 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 liaison will provide you a written decision, with supporting evidence and reasons. In addition, the liaison will inform the superintendent of the formal complaint and the result.

Approved:

KASB Recommended Regulation – 7/03; 4/07; 12/16; 3/17

(From KASB Forms Book)

JBE TRUANCY

have attended the final counseling session conducted by USD No. 448 in which the above information was presented to us.

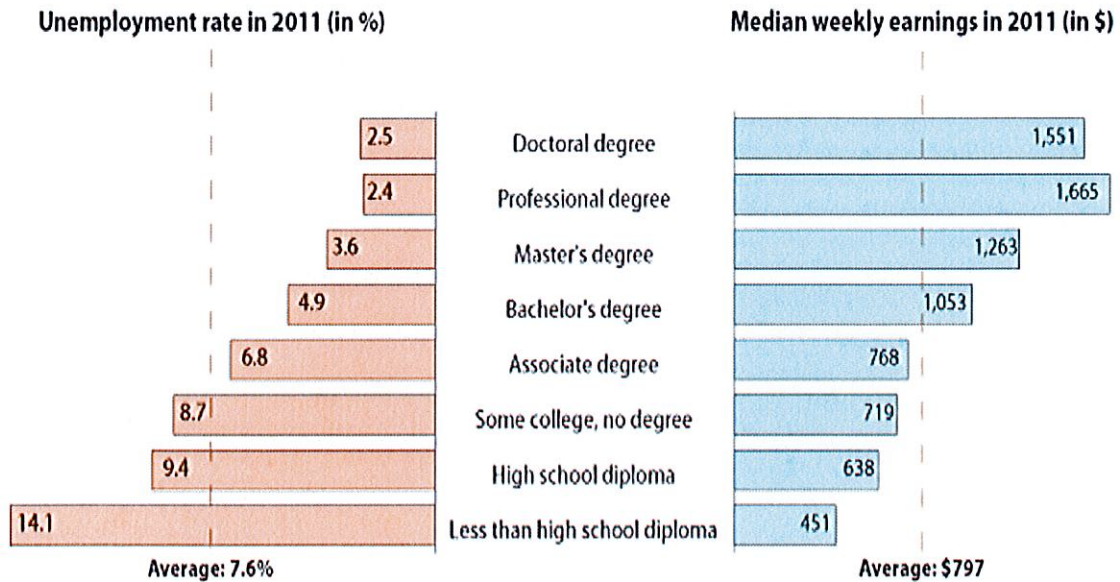
Signature of Student

Signature of Parent(s) or Person
Acting as Parent

Date

Date

Education Pays



Source: Bureau of Labor Statistics, Current Population Survey

JGFGB SUPERVISION OF MEDICATIONS

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.

JGFGB SUPERVISION OF MEDICATIONS

SAMPLE FORM

USD 448

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 _____

Administered By Date Time Dosage (signature) Comments

JGFGBA STUDENT SELF-ADMINISTRATION OF MEDICATIONS

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:

KASB Recommendation - 3/17

Transportation Release for Students
Attending HCC or Vo-Tech Classes During the School Day

Please complete and sign the appropriate forms below.

*I, _____, give permission for my son/daughter, _____, to ride to and from vo-tech school in McPherson with _____. This notice will be in effect during the _____ school year. I understand that USD No. 448 is not responsible for any accidents/damages resulting from this voluntary mode of transportation chosen by the student driver and student passengers.

Signature of Parent

Date

Signature of Student

Date

**I, _____, give permission for my son/daughter, _____, to drive to and from vo-tech school in McPherson during the _____ school year. I understand that USD No. 448 is not responsible for any accidents/damages resulting from this voluntary mode of transportation *chosen by the student driver and student passengers*.

Signature of Parent

Date

Signature of Student

Date

Adopted 9/15/03

KASB Recommendation: 3/17

KN COMPLAINT FORM

U.S.D. No. 448 Complaint of Discrimination Form

<p>The policies of Board of Education of U.S.D. No. 448 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.</p> <p>Harassment of individuals on any of these grounds is strictly prohibited.</p> <p>Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following discrimination coordinators:</p>													
<table border="0"> <tr> <td>District Discrimination Coordinator:</td> <td>Name: _____</td> <td>Address: _____</td> <td>Phone: _____</td> </tr> <tr> <td rowspan="2">Building Discrimination Coordinators:</td> <td>Name: _____</td> <td>Address: _____</td> <td>Phone: _____</td> </tr> <tr> <td>Name: _____</td> <td>Address: _____</td> <td>Phone: _____</td> </tr> </table>		District Discrimination Coordinator:	Name: _____	Address: _____	Phone: _____	Building Discrimination Coordinators:	Name: _____	Address: _____	Phone: _____	Name: _____	Address: _____	Phone: _____	
District Discrimination Coordinator:	Name: _____	Address: _____	Phone: _____										
Building Discrimination Coordinators:	Name: _____	Address: _____	Phone: _____										
	Name: _____	Address: _____	Phone: _____										
<p>Name of Complainant:</p> <p>Address:</p> <p>Telephone Number:</p>	<p>_____</p> <p>_____</p> <p>_____</p>												
<p>Nature of the Complaint:</p>	<p>I believe that I have been subjected to discrimination on the basis of:</p> <table border="0"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Racial Harassment</td> </tr> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Sexual Harassment</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Religion</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td colspan="3"><input type="checkbox"/> Harassment on the basis of _____</td> </tr> </table>	<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"/> Harassment 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"/> Harassment on the basis of _____												
<p>Please describe the incident or act complained of:</p> <p>Please include information about:</p> <ul style="list-style-type: none"> 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? 	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Attach additional sheets if necessary.</p>												
<p>Were there any witnesses to this incident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate who the witnesses were:</p> <p>_____</p> <p>_____</p> <p>_____</p>												
<p>What action do you believe the school should take with regard to this incident?</p>	<p>_____</p> <p>_____</p> <p>_____</p>												
<p>If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>													