

Bus Emergency Incident Report

Driver Name: _____

Date of Incident _____ Time of Incident _____

Location of Incident _____

Describe exactly what happened in chronological order: (Attach additional pages if necessary.)

I certify that the foregoing is true and correct to the best of my knowledge:

Signature

Date

Collaborative Plan Addressing Barriers to Attendance

Student Name: _____ Student Grade: _____

Building Assignment: _____

Classroom/Homeroom Teacher: _____

Number of student absences at time of meeting: _____

What are the primary reasons the student has been absent:

Based on that information, meeting participants considered the following issues:

- Illness related to the physical, mental, or behavioral health of the child
- Educational Counseling
- Referral to community agencies for economic services
- Family or individual counseling
- Assisting the family in working with other community services
- Referral to restorative justice practices or services
- Referral to student assistance team for possible Section 504 or IDEA eligibility
- Other: _____

Attendance Plan

Based on the above considerations, this attendance plan will be put into place:

Steps to be taken by school staff:

Steps to be taken by student:

Steps to be taken by parent/guardian:

Steps to be taken by third parties:

Parent/Guardian*: _____

Student: _____

Attendance Officer: _____

Social Worker or School Administrator: _____

Other (indicate title): _____

Other (indicate title): _____

Other (indicate title): _____

Other (indicate title): _____

Notice to family: Nebraska law requires students to be in attendance at school each day that such school is open and in session, except when excused by school authorities or when illness or severe weather conditions make attendance impossible or impracticable. Nebraska law also requires school officials to investigate any possible violation of this requirement.

Please note that if your student accrues more absences than are allowed by the board of education's policy, the school district may refer the child to the county attorney for action under Neb. Rev. Stat. § 43-247(3)(a) and (b).

I have received a copy of this Plan, including the above notice:

Parent/Guardian*: _____

Student: _____

**If parents/guardians are not present at the meeting, please attach documentation showing that the school made reasonable efforts to invite the parents.*



[Date], 2018

[Insert Name of County Attorney of the County in which the principal office of the school district is located]

[Insert Address]

RE: Collaboration Required by Statute

Dear [Name]:

With the passage of LB 1081, the legislature amended Neb. Rev. Stat. § 79-262 to require school districts to collaborate with their county attorney prior to August 1 of each year to establish what student conduct school principals are required to report to law enforcement under § 79-293.

Enclosed is the district's student discipline policy. Please review the policy and give me any suggested changes you may have. If you would like to meet to discuss the policy in person, please contact me at [insert phone number].

We need to get the new policy in place prior to the beginning of the 2018-2019 school year. As such, I request that you contact me with regard to the policies at your earliest opportunity.

Sincerely,

Maywood Public Schools

Mark Bejot, Superintendent
Enclosure: Student Discipline Policies

Disenrollment Packet

Disenrollment from school is a serious decision with significant legal ramifications. Nebraska Statutes § 79-201 to 79-209 cover compulsory attendance at public school, exceptions, and the ways that a parent or a student who has reached 18 years of age may disenroll. The forms in this packet will help parents and students complete the legally required steps.

The disenrollment process is different for students of different ages. Multiple forms are contained in this packet. You only need to complete one of the disenrollment forms. When selecting the correct form for disenrollment, please note that the forms ask about your student's current age AND what age your student will be on January 1 of the current school year.

Depending on the age of your student at disenrollment, an exit interview may be required by state law.

**Disenrollment of Five-Year-Old Child
Attendance Affidavit of Parent/Guardian and Student**

I, _____, am the parent or legal guardian of _____, and have legal authority to make education decisions regarding the student. My child resides in the _____ School District but will not be enrolled in and regularly attend a public, private, denominational, or parochial day school which meets the requirements for legal operation in Chapter 79 of the Nebraska statutes.

I certify that the child was born on (date) _____, is five years old, and will not reach the age of six years old prior to January 1 of the ____ - ____ school year. I am disenrolling my child pursuant to section 79-201 of the Nebraska statutes and district policy. I understand that my student whose enrollment is discontinued using this form shall not be eligible to reenroll in this school district until the beginning of the following school year unless otherwise required by law.

Printed Name of parent or guardian: _____

Relationship to Student: _____

Address: _____ Phone Number: (____) _____

Signature of parent or guardian: _____

Signature of student: _____

(not required if the student is too ill to attend)

COUNTY OF _____)

) ss.

STATE OF NEBRASKA)

Signed in my presence and sworn to this ____ day of _____, 201__.

Notary Public

Superintendent Verification of Exit Interview

I Mark Bejot, am Superintendent of Maywood Public Schools. Principal Lucas McCain and I attended the exit interview with the parent and child on _____, 20__.

Any other person that was requested by any of the required parties who agreed to attend the exit interview and who was available at the time designated for the exit interview was permitted to attend.

At the interview, I received evidence of the following:

1. The person requesting disenrollment has legal or actual charge or control of the student; and
2. The student is disenrolling due to either:
 - a. Financial hardships requiring the student to be employed to support the student's family or on or more dependents of the student; or
 - b. The student has an illness which makes attendance impossible or impracticable.

At the interview, I provided:

1. All known alternative educational opportunities, including vocational courses of study available to the student in the district; and
2. Information regarding how withdrawal from school is likely to reduce the potential future earnings for the student and increase the likelihood of the student being unemployed in the future.

In my opinion, the parent has legal and actual charge of the child and the child's illness makes attendance impossible or impracticable, or the child is experiencing financial hardship which necessitates employment to support the family.

Date: ____/____/____

Mark Bejot, Superintendent

EMERGENCY RESPONSE TO LIFE-THREATENING ASTHMA OR SYSTEMIC ALLERGIC REACTIONS (ANAPHYLAXIS)

DEFINITION: Life-threatening asthma consists of an acute episode of worsening airflow obstruction. Immediate action and monitoring are necessary.

A systemic allergic reaction (anaphylaxis) is a severe response resulting in cardiovascular collapse (shock) after the injection of an antigen (e.g. bee or other insect sting), ingestion of a food or medication, or exposure to other allergens, such as animal fur, chemical irritants, pollens or molds, among others. The blood pressure falls, the pulse becomes weak **AND DEATH CAN OCCUR**. Immediate allergic reactions may require emergency treatment and medications.

LIFE-THREATENING ASTHMA SYMPTOMS: Any of these symptoms may occur:

- Chest tightness
- Wheezing
- Severe shortness of breath
- Retractions (chest or neck "sucked in")
- Cyanosis (lips and nail beds exhibit a grayish or bluish color)
- Change in mental status, such as agitation, anxiety, or lethargy
- A hunched-over position
- Breathlessness causing speech in one-to-two word phrases or complete inability to speak

ANAPHYLACTIC SYMPTOMS OF BODY SYSTEM: Any of the symptoms may occur within seconds. The more immediate the reactions, the more severe the reaction may become. Any of the symptoms present requires several hours of monitoring.

- Skin: warmth, itching, and/or tingling of underarms/groin, flushing, hives
- Abdominal: pain, nausea and vomiting, diarrhea
- Oral/Respiratory: sneezing, swelling of face (lips, mouth, tongue, throat), lump or tightness in the throat, hoarseness, difficulty inhaling, shortness of breath, decrease in peak flow meter reading, wheezing reaction
- Cardiovascular: headache, low blood pressure (shock), lightheadedness, fainting, loss of consciousness, rapid heart rate, ventricular fibrillation (no pulse)
- Mental status: apprehension, anxiety, restlessness, irritability

EMERGENCY PROTOCOL:

1. CALL 911
2. Summon school nurse if available. If not, summon designated trained, non-medical staff to implement emergency protocol
3. Check airway patency, breathing, respiratory rate, and pulse
4. Administer medications (EpiPen and albuterol) per standing order
5. Determine cause as quickly as possible
6. Monitor vital signs (pulse, respiration, etc.)
7. Contact parents immediately and physician as soon as possible
8. Any individual treated for symptoms with epinephrine at school will be transferred to medical facility

STANDING ORDERS FOR RESPONSE TO LIFE-THREATENING ASTHMA OR ANAPHYLAXIS:

- Administer an IM EpiPen-Jr. for a child less than 50 pounds or an adult EpiPen for any individual over 50 pounds
- Follow with nebulized albuterol (premixed) while awaiting EMS. If not better, may repeat times two, back-to-back
- Administer CPR, if indicated

(PHYSICIAN)

Date

[DISTRICT LETTERHEAD]

July 22, 2021

[Name]
[Mailing Address]
[City, NE Zip]

Re: Absenteeism Report

Dear [Parent and Student]:

On _____, we met to form a collaborative plan to address [STUDENT'S] barriers to attendance. We formed a collaborative plan, provided a copy to you, and implemented it. However, [STUDENT] continues to be excessively absent from school, nor have any of the other efforts we've worked on this year with you and [STUDENT] proved successful.

Pursuant to NEB. REV. STAT. § 79-209, I am notifying you that I will be referring this matter to the county attorney. Pursuant to our board policy, this report is based on the fact that [STUDENT] has missed 20 or more days of school this year or the hourly or daily equivalent through this portion of the school year, with at least a portion of the absences being unexcused:

Days Absent: _____

Unexcused absences totaling: _____

Excused absences totaling: _____

I would be happy to continue working with you to improve [STUDENT'S] attendance. Please contact me immediately if you have any suggestions to improve your student's attendance. I will also be referring this to the county attorney for determination of whether further action from that office is necessary to address these attendance issues.

Sincerely,

[Attendance Officer],
Attendance Officer,
[School District]

Cc: County Attorney

[Print on School District Letterhead]

July 22, 2021

[Insert Name of County Attorney of the County in which the principal office of the school district is located]

[Insert Address]

RE: Policy on Absenteeism; Requested Collaboration

Dear [Name]:

State law requires school districts to "have a written policy on excessive absenteeism developed in collaboration with the county attorney of the county in which the principal office of the school district is located."

Enclosed is a draft of an excessive absenteeism policy that we intend to submit to the Board of Education for adoption. Please review the policy and give me any suggested changes you may have. If you would like to meet to discuss the policy in person, please contact me at [insert phone number].

State law also requires me to review this policy in collaboration with you or your designee annually, and I hope to present this to the board at its regular _____ meeting. As such, I request that you contact me with regard to the policy at your earliest opportunity.

Sincerely,

[School Name]

[Superintendent Name], Superintendent

Enclosure: Attendance and Excessive Absenteeism Policy

[DISTRICT LETTERHEAD]

July 23, 2021

[Name]
[Mailing Address]
[City, NE Zip]

Re: Absenteeism Report

Dear [Parent and Student]:

On _____, we met to form a collaborative plan to address [STUDENT'S] barriers to attendance. We formed a collaborative plan, provided a copy to you, and implemented it. However, [STUDENT] continues to be excessively absent from school, nor have any of the other efforts we've worked on this year with you and [STUDENT] proved successful.

Pursuant to NEB. REV. STAT. § 79-209, I am notifying you that I will be referring this matter to the county attorney. Pursuant to our board policy, this report is based on the fact that [STUDENT] has missed 20 or more days of school this year or the hourly or daily equivalent through this portion of the school year, with at least a portion of the absences being unexcused:

Days Absent: _____

Unexcused absences totaling: _____

Excused absences totaling: _____

I would be happy to continue working with you to improve [STUDENT'S] attendance. Please contact me immediately if you have any suggestions to improve your student's attendance. I will also be referring this to the county attorney for determination of whether further action from that office is necessary to address these attendance issues.

Sincerely,

[Attendance Officer],
Attendance Officer,
[School District]

Cc: County Attorney

Student Fee Waiver Application

The school district will waive certain fees for students who qualify for free and reduced lunches under the income guidelines of the United States Department of Agriculture. If you would like the school district to waive specific student fees for your student, you must fill this form out in its entirety and submit it, along with any required documentation, to the office of the Superintendent of Schools.

Part 1: Name of the student on behalf of whom you are requesting a fee waiver: _____

Part 2: Specific fee(s) for which you are requesting a waiver:

Part 3: Eligibility. Select ONE of the following:

- Check here if your student is eligible for fee waivers because he or she is a foster child. Please attach official documentation from the agency sponsoring the child.
- Check here if your student is eligible for fee waivers because you receive Food Stamps, FDPIR or TANF for the child. Please attach a copy of one of the following:
 - A Food Stamp, FDPIR or TANF Certification Notice that shows dates of certification
 - A letter from Food Stamp or Welfare Office confirming your receipt of Food Stamps, FDPIR or TANF
 - An ATP (Authorization to Participate) card with an expiration date. Do not send your EBT card
- Check here if your student is eligible because your household income is less than 180% of poverty level.

Name (everyone in your household)	Last month's income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week				Check if no income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	Other	
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	G
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	G
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	G
	_____ / _____	_____ / _____	_____ / _____	_____ / _____	G
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	G

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Please attach documents verifying the amount of money your household received last month from each source. The documents you provide must show the name of the person who received the income, the date it was received, how much was received and how often it was received.

Acceptable documentation includes:

Jobs: current paycheck stub or pay envelope that shows how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as a ledger or tax books.

Social Security, Pensions, or Retirement: A notice of eligibility from state employment security office, check stub, or letter from Workers= Compensation Court.

Welfare Payments: A benefit letter from a welfare agency.

Child Support or Alimony: A court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

No income: A brief note explaining how you provide food, clothing and housing for your household and when you expect an income.

Part 4. Signature and Verification

An adult household member must sign this application.

PLEASE READ THIS CERTIFICATION BEFORE SIGNING:

I certify that all information on this application is true and that all income is reported. By my signature on this document, I give school authorities permission to disclose my student's eligibility for fee waivers to school personnel as necessary to effect the fee waiver. I understand that any clothing, equipment, or other materials used by my student during his or her participation in the activity for which student fees have been waived are and will remain the property of the school district.

Sign: _____

Date: _____

Foreign Exchange Student Application Form

THIS SECTION MUST BE COMPLETED BY THE HOST FAMILY:

Name(s) of Host Family Parent(s): _____

Address: _____ Phone: _____

****Note to Host Family Parent(s):** Attached to this form is the Nebraska Department of Education Rule 19 Attendance form required for admission of students. Please fill it out and return it with this Application.

THIS SECTION MUST BE COMPLETED BY THE STUDENT AND/OR EXCHANGE PROGRAM SPONSOR AND/OR PARENT OR GUARDIAN:

Student Name: _____

Country of Origin: _____

Date of Birth: _____ Age: _____

Exchange Program Name: _____

Previous Exchange Programs: _____

Previous School Attended: _____

Location and Contact Information: _____

Student is Fluent in English: Yes No

If "No" Describe the Student's English Language Education and Training:

PRIOR TO ADMITTANCE THE STUDENT MUST PROVIDE THE FOLLOWING:

1. Copy of Birth Certificate
2. Complete Physical and Eye exams as required by State Law 79-214 (2)
3. Record of Immunizations
4. Transcript from Current Educational Institution

For District Use Only

Application

Denied (reason): _____

Approved

Forms Provided

Birth Certificate

Physical Exam

Eye Exam

Immunization Records

Transcripts

Maywood Public Schools

REQUEST TO DISENROLL AND PROCEDURE FOR DISENROLLMENT

Student Name: _____

Requester's Name: _____

Reason for Disenrollment (please also attach any documentation which supports the reasons for disenrollment, if applicable):

- Financial hardship requiring the student to be employed to support the student's family or a dependent(s) of the student.
- Student's illness which makes attendance impossible or impracticable.

Proof of legal or actual charge or control of the student (please also attach any documentation which proves legal or actual control of the student, if applicable):

Upon receipt of this signed, written request for disenrollment, the superintendent or superintendent's designee will set a time and place for an exit interview. The following persons must attend the exit interview:

1. The student, unless the student is too ill to attend;
2. The person(s) with legal charge or control of the student who requested the interview;
3. The superintendent or the superintendent's designee;
4. The student's then-current principal or the principal's designee; and
5. Any other person requested by any of the required parties who agrees to attend the exit interview and is available at the time designated for the exit interview which may include, but need not be limited to, other school district personnel or the student's principal or such principal's designee if the student is enrolled in a private, denominational, or parochial school.

At the interview, the Requester must present the following evidence, if it has not already been provided with this form:

1. The Requester has legal or actual charge or control of the student; and
2. The student is disenrolling due to either:

- a. Financial hardships requiring the student to be employed to support the student's family or on or more dependents of the student; or
- b. The student has an illness which makes attendance impossible or impracticable.

At the interview, the superintendent or the superintendent's designee must:

1. Identify all known alternative educational opportunities, including vocational courses of study available to the student in the district; and
2. Discuss how withdrawing from school is likely to reduce the potential future earnings for the student and increase the likelihood of the student being unemployed in the future.

At the conclusion of the interview, the Requester may either withdraw the request for disenrollment or sign the disenrollment form provided by the district. The disenrollment form is different from the written request to disenroll, and it must include:

1. The signature of the student, unless the student's illness prevents the student from attending the exit interview;
2. The signature of the superintendent or superintendent's designee; and
3. Acknowledgment from the superintendent or superintendent's designee that
 - a. The interview was held and the required information was presented;
 - b. In the opinion of the superintendent or the superintendent's designee, the person making the written request has legal or actual charge or control of the child; and
 - c. The child is in fact experiencing financial hardships requiring the child to be employed to support the child's family or one or more of the child's dependents, or the child's illness makes it impossible or impracticable to attend.

By signing below, I understand that I am representing to the school district that I am in legal or actual charge or control of the student.

Requester Signature: _____ Date: _____

For District Office Use Only:

Received By: _____

On: _____

Placed in Student File on: _____

Copy to Superintendent on: _____

McKINNEY-VENTO DISPUTE FORM

District Liaison Name and Contact Information: _____

Nebraska Department of Education Liaison may be reached at 402-471-2481.

Child/Youth's Name: _____

Person completing form and relationship to student:

Contact information: (Address/phone/e-mail)

I am disputing the following decision because (give detailed information):

I request that the following action be taken on this dispute:

Parent/guardian or unaccompanied homeless youth's signature:

Date: _____

NOTE: The district's written response and explanation of the decision regarding any dispute of a parent, guardian or other person having legal or actual charge or control of a homeless child or youth or an unaccompanied homeless youth will be given within thirty (30) calendar days of the time such complaint or dispute is brought. (NDE Rule 19, Section 005.02)

For School Use

Date the form was received by District Homeless Liaison: _____

**McKINNEY-VENTO DISPUTE RESOLUTION WRITTEN
RESPONSE AND RIGHT TO APPEAL NOTIFICATION**

Determination of District

In compliance with the McKinney-Vento Homeless Assistance Act, the following written notification and determination of the District was provided within 30 calendar days of the time such dispute was brought:

After reviewing the information relevant to the dispute, the District's determination and explanation for this determination is as follows:

Administrator's Signature: _____ Date: _____

Signature of parent, guardian or other person having legal or actual charge or control of a homeless child or youth: _____ Date: _____

Signature of Unaccompanied Homeless Youth:

_____ Date: _____

Notice of Right to Appeal

If you are not satisfied with the determination on this dispute, you have the right to appeal as provided for in the District's Homeless Students policy and the Nebraska Department of Education Rule 19, Sections 005.03 and 005.03C available online at: [www.education.ne.gov/legal/webrulespdf/Clean 19 2010.pdf](http://www.education.ne.gov/legal/webrulespdf/Clean%2019%202010.pdf)

For more information about the right to appeal, you may contact the following people:

- (1) The District's Homeless Liaison at: _____; or
- (2) Nebraska Department of Education Homeless Education Coordinator at: 402-471-2481

WRITTEN NOTIFICATION OF ENROLLMENT/PLACEMENT DECISION

**WRITTEN NOTIFICATION OF
ENROLLMENT/PLACEMENT DECISION FOR STUDENT**

The following written notification is provided to:

Parent/Guardian Name: _____

Unaccompanied Youth Name: _____

After reviewing the request to enroll the child/youth, the determinations are as follows:

McKinney-Vento Act Eligibility:

_____ Child/youth qualifies under the McKinney-Vento Act.

_____ Child/youth does not qualify under the McKinney-Vento Act. Following is the explanation of this decision.

Placement of McKinney-Vento Eligible child/youth:

Based on the best interest of the child/youth the placement will be at:

Explanation of placement (if placement is not in school of origin or the school of choice of parent/guardian or unaccompanied youth):

Administrator Signature: _____

Date on which this Written Notification form was provided to the parent/guardian and/or unaccompanied youth: _____

Parent/Guardian or Unaccompanied Youth Signature: _____

NOTE: If you are not satisfied with the determinations, you have the right to use the McKinney-Vento dispute resolution process as outlined in the District Homeless Policy. Contact the District Homeless Liaison and complete the Dispute Resolution Form.

**APPLICATION FOR STUDENT TRANSFER
 NEBRASKA ENROLLMENT OPTION PROGRAM
 _____ SCHOOL YEAR**

SECTION 1: TO BE COMPLETED BY THE PARENT, LEGAL GUARDIAN, OR STUDENT (if an emancipated minor or age 19 or older) requesting a transfer to attend a school district other than the district of residence. Between September 1 and March 15, this application must be sent, (postmarked) or delivered to the **Option School District**. If after March 15, this application **MUST** be accompanied by a **WRITTEN** release (waiver) from an authorized official of the Resident District or Section 2 must be completed by the resident school district, unless the student relocated after February 1st. **Learning Community Open Enrollment Option Students - See Information for Completing Form Note.**

Student Name (Last, First, M.I.)	Birthdate: Month _____ Day _____ Year _____ Sex: F _____ M _____	
Parent/Guardian Name (Last, First, M.I.)	Mailing Address	Residence Address (if different)
City	Zip Code	Telephone Number (home/work)
Expected Grade Level at Time of Enrollment: K 1 2 3 4 5 6 7 8 9 10 11 12		
Does Student Require Special Education Services? (check one)		Yes _____ No _____
If Yes, Does the Student Have an Individualized Education Program (IEP)?		Yes _____ No _____
Is the Applicant a Sibling of a Current Option Student?		Yes _____ No _____
Has the Applicant Attended Option District for the Immediately Preceding 2 Years?		Yes _____ No _____
Did the Student Relocate After February 1 st ?		Yes _____ No _____
Does Applicant Qualify for Free or Reduced Price Lunches?		Yes _____ No _____
Signature of Parent:		Date:
Resident District Name and Number:		Building Currently Attending:
Option District Name and Number:		Building Preference:

Application must be sent or delivered to the Option School District

SECTION 2: TO BE COMPLETED BY THE RESIDENT SCHOOL DISTRICT (only if this application is submitted by the parent, legal guardian or student after the March 15 deadline, and the student has not relocated after February 1st).

The resident district waives deadline dates: _____	The resident district will not waive deadline dates: _____
Reason for Denial (required):	
Name and Title of Authorized Official:	
Date: _____	Signature: _____

SECTION 3: TO BE COMPLETED BY THE OPTION SCHOOL DISTRICT. Whether approved or denied, send photocopies to the Applicant and the Resident District.

OPTION SCHOOL DISTRICT NAME: _____	Date this Application Received: _____
County _____	County-District Number _____ Phone Number _____
The Option School District: Approves _____ (or) Denies _____ this application.	
Reason for Denial (required):	
If district approves this application, date student will begin attending Option District: Month _____ Day _____ Year _____	
Name and Title of Authorized Official:	
Date Application Accepted/Rejected: _____	Signature: _____

CHANGE OF STATUS

To be completed by an authorized official of the Option District (or parent) when the Option student quits the option, withdraws the application prior to attending or if the Option student's Resident District changes for any reason and the student continues attending the Option District (original resident). **Send photocopies to the Applicant and the Resident District.**

The Status of This Student is Changed for the Following Reason(s):		
_____ Withdrawal of the application prior to attending the present school year.	_____ Has completed the grades offered in the Option District.	_____ Attending High School in a district which is affiliated with the resident District.
_____ Cancellation of Enrollment Option during the present school year (Both Superintendents must sign below).	_____ Discontinuation of school attendance (moved away, deceased, etc.).	
_____ Other (Specify) _____		
Date Change of Status: Month _____ Day _____ Year _____		
New Mailing Address:		
City: _____	Zip Code: _____	Telephone Number (home/work): _____
Resident School District Name: _____		
County: _____	County District Number: _____	Phone Number: _____
Name and Title of Option and Resident District Officials (or parent): _____		
Date: _____	Signature: _____	Date: _____ Signature: _____

NOTICE OF POLICY ON OPTING OUT OF ASSESSMENTS

The Board of Education has adopted a policy on approval and denial of state and federal assessment opt-out requests, which is based on requirements in law. The policy can be requested by contacting the Superintendent of Schools at [or can be viewed online by visiting: {hyperlink}].

NOTE: Provide this notice at the beginning of the school year to parents of students attending schools receiving Title I funds. It can be included in handbooks or sent as a stand-alone document.

NOTICE OF PARENTAL RIGHTS

The Family Education Rights and Privacy Act (FERPA) provides parents and guardians certain rights with respect to their student's education records. These rights include the right to inspect and review the student's education records within 45 days of the day the school receives a request for access; and the right to request the amendment of the student's education records that you believe to be inaccurate.

If you believe one of your student's records is inaccurate, you should write the school principal, clearly identify the part of the record you want changed, and specify why it is inaccurate. If the school decides not to amend the record as requested, it will notify you of the decision and advise you of your right to a hearing regarding the request for amendment.

FERPA and the Nebraska Public Records Law authorize school districts to make "directory information" available for review at the request of non-school individuals. These laws also give parents and guardians a voice in the decision-making process regarding the disclosure of directory information regarding their children.

Directory information is information contained in a student's education record that would not generally be considered harmful or an invasion of privacy if it were disclosed. For example, an athletic program that lists the names of team members and their heights and/or weights and an academic program that lists the names of students receiving academic awards both contain directory information. So do other school district publications and the district's web site. Directory information includes the following information about a student:

- Name and grade
- Address
- Telephone number, including the student's cell phone number
- E-mail address
- Date and place of birth
- Dates of attendance
- The image or likeness of students in pictures, videotape, film or other medium
- Major field of study
- Participation in activities and sports
- Degrees and awards received
- Weight and height of members of athletic teams
- Most recent previous school attended
- Certain class work which may be published onto the Internet

- Classroom assignment and/or home room teacher
- Student ID number, user ID, or other unique personal identifier used by the student for purposes of accessing or communicating in electronic systems, but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a personal identification number (PIN), password, or other factor known or possessed only the authorized user.

Directory information about your student(s) can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that market or manufacture class rings, sell student photographs or publish student yearbooks.

Federal law requires school districts to provide military recruiters and institutions of higher education with the names, addresses and telephone listings of high school students unless parents have notified the school district that they do not want this information disclosed without prior written parental consent.

You have two options:

If you *DO NOT OBJECT* to the disclosure of directory information about your student, you do not need to do anything.

If you *OBJECT* to the disclosure of any directory information about your student, you should write a letter to the principal at the building where your student(s) attend(s) school. This letter should specify the particular categories of directory information that you do not wish to have released about your child or the particular types of outside organizations to which you do not wish directory information to be released. This letter must be received by the school district no later than _____.

Non-directory Information. Please be aware that all of the other personally identifiable information about your student(s) that is contained in this school district's education records will generally not be disclosed to anyone outside the school system except: (1) in accordance with the provisions of FERPA and regulations, (2) in accordance with state statutes and regulations, or (3) in accordance with your written instructions.

Internal Use of Information. Whatever choice you make, the school district will be able to use this directory information for internal school purposes and to share it with other education institutions in accordance with law.

Transfer of Records Upon Student Enrollment. Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. The school is not obligated to inform you when it makes a disclosure under this provision.

Complaints. You have the right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

**Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605**

RESOLUTION ON SCHOOL DISTRICT STANDARDS FOR ACCEPTANCE OR REJECTION OF OPTION ENROLLMENT APPLICATIONS

WHEREAS, _____ Public Schools is committed to providing an education of high quality to its students in an economically efficient manner; and

WHEREAS, the school district's faculty, facilities, and equipment can serve only a limited number of students effectively; and

WHEREAS, the _____ Board of Education, in consultation with the administration, has reviewed the school district's faculty, facilities, equipment, interdisciplinary efforts and interrelationships of grades, subjects, and faculty; and has determined the maximum number of students it can serve effectively at any given grade level and in total;

NOW, THEREFORE BE IT RESOLVED that the board adopts the following standards for acceptance or rejection of option enrollment applications:

Numeric Capacity. The capacity in the following grade levels, programs, classes, and/or school buildings is as follows:

[NOTE TO BE DELETED: YOU MAY SET NUMERIC CAPACITY BY ESTABLISHING THE MAXIMUM NUMBER OF STUDENTS FOR EACH PROGRAM, CLASS, GRADE LEVEL, OR BUILDING. YOU MAY ALSO SET NUMERIC CAPACITY BY DECLARING THE NUMBER OF OPTION STUDENTS YOU WILL ACCEPT INTO ANY PROGRAM, CLASS, GRADE LEVEL, OR BUILDING. IF YOU ELECT THE SECOND APPROACH, YOU SHOULD CHANGE THE LIST BELOW TO REFLECT THE NUMBER OF OPTION STUDENTS YOU WILL ACCEPT INSTEAD OF THE CAPACITY OF EACH SUCH PROGRAM, CLASS, GRADE LEVEL, OR BUILDING.]

- Each grade level in grades kindergarten through 8: ____ students
- Each grade level in grades 9 through 12: ____ students
- Students in special education programs requiring specific academic and behavioral support: ____ students
- Other: _____

Total enrollment for the school district: ____ students.

Programmatic Capacity. The board declares the following grade levels, programs, classes, and school buildings to be at capacity such that no option applications into any of the following will be accepted: _____.

Other Standards. The school district shall not accept an option student when acceptance of the student:

- (a) Would increase the operating costs of the school district, such as by requiring the hiring of new staff or contracting with outside entities to provide services to the student;
- (b) Would require the procurement of new equipment, technology, or furnishings;
- (c) Would cause or require the rearrangement of caseloads for staff and contracted professionals;
- (d) Is reasonably deemed by appropriate school staff to pose a potential risk to the health or safety of students or staff;
- (e) May pose a risk of adversely affecting the quality of educational services being provided to resident students, as determined by appropriate school staff.

After the above resolution was read, board member _____ moved for passage of the motion. Board member _____ seconded the motion. After discussion, and on roll call vote, the following members voted in favor of the motion: _____.

The following members voted against the motion:

_____.

The following members did not vote:

_____.

Having been consented to by a majority of the voting members, the board president declared the motion to have been passed and adopted.

Dated this ___ day of _____, 201__.

President, Board of Education

Application for Part-Time Enrollment

I, **(print name)** _____, am the parent or legal guardian of **(print child's name)** _____, and have legal authority to make education decisions regarding the child. My child resides in the _____ Public School District and seeks to be enrolled in _____ Public Schools as a part-time student. My child seeks to enroll in the following courses*: _____

**if the course is a sequential course (e.g. Spanish III), please include an explanation of the child's preparation to enroll in the course*

I understand that my child's ability to enroll in the course(s) above is subject to (1) board policies governing the admission of students; (2) course capacity; and (3) scheduling constraints. I further understand that my child must comply with all rules and regulations of the school district, the directives of its staff, and the policies of its board of education. Should my child fail to comply with the above, he/she will not be allowed to continue in part-time enrollment.

Notarized signature required:

Printed Name: _____

Relationship to Student: _____

Address: _____

Phone Number: (_____) _____ Date _____

Signature: _____

COUNTY OF _____)

) ss.

STATE OF NEBRASKA)

Signed in my presence and sworn to this ____ day of _____, 201__.

Notary Public

Protection of Pupil Rights Amendment (PPRA) Notice and Consent/Opt-Out for Specific Activities

The Protection of Pupil Rights Amendment (PPRA), 20 U.S.C. §1232h, requires the school district to notify you and obtain consent or allow you to opt your child out of participating certain school activities. These activities include a student survey, analysis, or evaluation that concerns one or more of the following eight areas ("protected information surveys"):

1. Political affiliations or beliefs of the student or student's parent;
2. Mental or psychological problems of the student or student's family;
3. Sex behavior or attitudes;
4. Illegal, anti-social, self-incriminating, or demeaning behavior;
5. Critical appraisals of others with whom respondents have close family relationships;
6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine program eligibility.

This requirement also applies to the collection, disclosure or use of student information for marketing purposes ("marketing surveys"), and certain physical exams and screenings.

The following list of activities requiring parental notice and consent or opt-out for the upcoming school year is not exhaustive. If surveys and activities are scheduled after the school year starts, the school district will provide parents, within a reasonable period of time prior to the administration of the surveys and activities.

This is a sample dealing with a survey requesting protected information. You will need to complete the form using information for your district's specific activities.

Date: On or about October 31, 2005

Grades: 7th and 8th

Activity: Survey of At-Risk Behaviors

Summary: This is an anonymous survey that asks students questions about behaviors such as drug and alcohol use, sexual conduct, violence, and other at-risk behaviors. The survey also asks questions of a demographic nature concerning family make-up, the relationship between parents and children and use of alcohol in the home.

If a survey of this nature is funded, in whole or in part, by a program administered by the U.S. Department of Education, the school district must obtain the written consent of a student's parent(s) before the student participates in the survey.

Consent: A parent must sign and return the attached consent form no later than _____ so that your child may participate in this survey.

If a survey of this nature is funded by any source other than the U.S. Department of Education, the school district must simply provide parents the opportunity to opt out of the survey.

Opt-out: Contact _____ at _____ no later than _____ if you do not want your child to participate in this survey.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to _____, at _____. He/she will notify you of the time and place where you may review these materials. You have the right to review a survey and/or instructional materials before they are administered to your student.

I, _____, give my consent for _____ to take the Survey of At-Risk Behaviors on or about October 31, 2016.

Please return this form no later than _____ to the school.

This is a sample notifying parents of physical exams and health screenings. You will need to complete the form using information for your district's specific activities.

Date: On or about October 31, 2016

Grades: 9- 12

Activity: Flu Shots

Summary: The county health department will administer flu shots for influenza types A and B. Students will be examined for evidence of illness before administration of the immunizations.

Opt-out: Contact _____ at _____ no later than _____ if you do not want your child to participate in this survey.

We have not included a sample notifying parents of marketing because most school districts only provide vendors with directory information about students. If your school district provides vendors with additional information (for example, student social security numbers), please contact us and we will assist you in drafting a PPRA notice for that activity.

**STATEMENT OF LAW ENFORCEMENT OFFICER RELATING
TO REMOVAL OF CHILD FROM SCHOOL PREMISES WHO
IS BELIEVED TO BE THE VICTIM OF CHILD ABUSE**

I, _____ (printed name of law enforcement officer) certify that I am a law enforcement officer employed by _____ (printed name of law enforcement agency). I certify that I am removing _____ (printed name of child being removed from school premises) because the child is believed to be the victim of child abuse. I acknowledge that I have been provided with the address and telephone number of the child's parent or guardian by school officials. I also acknowledge that I am familiar with and will comply with the obligations imposed on me by NEB. REV. STAT. § 79-294, which is set forth below:

When a principal or other school official releases a minor student to a peace officer as defined in section 49-801 for the purpose of removing the minor from the school premises, the principal or other school official shall take immediate steps to notify the parent, guardian, or responsible relative of the minor regarding the release of the minor to the officer and regarding the place to which the minor is reportedly being taken, except when a minor has been taken into custody as a victim of suspected child abuse, in which case the principal or other school official shall provide the peace officer with the address and telephone number of the minor's parent or guardian. The peace officer shall take immediate steps to notify the parent, guardian, or responsible relative of the minor that the minor is in custody and the place where he or she is being held. If the peace officer has a reasonable belief that the minor would be endangered by a disclosure of the place where the minor is being held or that the disclosure would cause the custody of the minor to be disturbed, the peace officer may refuse to disclose the place where the minor is being held for a period not to exceed twenty-four hours. The peace officer shall, however, inform the parent, guardian, or responsible relative whether the child requires and is receiving medical or other treatment. The juvenile court shall review any decision not to disclose the place where the minor is being held at any subsequent detention hearing.

Date: _____

Signature of Law Enforcement Officer

Time: _____

One Copy to Employee
One Copy to Nebraska Department of Labor
One Copy to Issuing Officer

Federal Hour Restrictions
Not more than 3 Hours on a School Day
Not more than 18 Hours in a School Week
Not More than 8 Hours on a Nonschool Day
Not more than 40 Hours in a Nonschool Week
Not Before 7 a.m. nor After 7 p.m.
(9 p.m. from June 1st through Labor Day)

Nebraska Hour Restrictions
Not More than 8 hours in One Day
Not More than 48 Hours in One Week
Not Before 6 a.m. nor After 10 p.m.

NEBRASKA WORKFORCE DEVELOPMENT DEPARTMENT OF LABOR

5723 "F" Street * Omaha, Nebraska 68117-1898 * (402) 595-3095

Employment Certificate (For Minors 14 and 15 Years of Age)

- Employment During School Year
- Employment During School Vacations

Date of Issue _____

20 ____

This certificate authorizes the employment of _____
(NAME OF MINOR)

_____ by _____
(ADDRESS OF MINOR) (NAME OF EMPLOYER)

_____ (ADDRESS OF EMPLOYER) _____ (NATURE OF BUSINESS)

_____ (EMPLOYER'S TELEPHONE NUMBER) _____ (WORK TO BE DONE BY MINOR)

_____ Days per week; _____ Hours per week; _____ Hours per day \$ _____ Hourly wage

Day's work to start at _____ A.M. P.M. Minor's Sex: Female Male

Day's work to end at _____ A.M. P.M. Minor's Age _____ Date of Birth _____

Certificate valid from _____, 20 ____ to _____, 20 ____

Evidence of age accepted _____ (Specify) _____ Grade Completed _____

Place of Birth _____ (City) _____ (State)

Color of Hair _____ Color of Eyes _____ Height _____ feet _____ inches Weight _____ pounds

Distinguishing facial marks _____

Name of Parent(s) _____ Telephone Number _____

Certificate is valid for one year.

Sign here _____
(SIGNATURE OF MINOR)

This is to certify that I have examined, approved and filed the papers required, and that the minor has been examined and has signed this certificate in my presence.

NOTE: State and Federal Child Labor Laws are different. It is the responsibility of the employer to be aware of which law applies and to be governed by the more restrictive. Information regarding Federal Child Labor Laws may be obtained from the U.S. Department of Labor, Wage and Hour Division, Omaha, NE, (402) 221-4682.

(Issuing Officer's Signature)

(Title) (Telephone No.)

(Name of School) (County)

(Address of School)

(City) (Zip)

One Copy to Employee
One Copy to Nebraska Department of Labor
One Copy to Issuing Officer

Federal Hour Restrictions
Not more than 3 Hours on a School Day
Not more than 18 Hours in a School Week
Not More than 8 Hours on a Nonschool Day
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20 ____

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(NAME OF MINOR)

_____ by _____
(ADDRESS OF MINOR) (NAME OF EMPLOYER)

_____ (ADDRESS OF EMPLOYER) _____ (NATURE OF BUSINESS)

_____ (EMPLOYER'S TELEPHONE NUMBER) _____ (WORK TO BE DONE BY MINOR)

_____ Days per week; _____ Hours per week; _____ Hours per day \$ _____ Hourly wage

Day's work to start at _____ A.M. P.M. Minor's Sex: Female Male

Day's work to end at _____ A.M. P.M. Minor's Age _____ Date of Birth _____

Certificate valid from _____, 20 ____ to _____, 20 ____

Evidence of age accepted _____ (Specify) _____ Grade Completed _____

Place of Birth _____ (City) _____ (State)

Color of Hair _____ Color of Eyes _____ Height _____ feet _____ inches Weight _____ pounds

Distinguishing facial marks _____

Name of Parent(s) _____ Telephone Number _____

Certificate is valid for one year.

Sign here _____
(SIGNATURE OF MINOR)

This is to certify that I have examined, approved and filed the papers required, and that the minor has been examined and has signed this certificate in my presence.

NOTE: State and Federal Child Labor Laws are different. It is the responsibility of the employer to be aware of which law applies and to be governed by the more restrictive. Information regarding Federal Child Labor Laws may be obtained from the U.S. Department of Labor, Wage and Hour Division, Omaha, NE, (402) 221-4682.

(Issuing Officer's Signature)

(Title) (Telephone No.)

(Name of School) (County)

(Address of School)

(City) (Zip)

Maywood Public Schools
School-Parent-Student Compact
2021-2022

The Maywood Public School ("District") and the parents of students participating in activities, services, and programs funded by Title I have jointly developed this Compact which outlines how the parents, school staff, and students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership to help children achieve the State's high standards.

School Responsibilities:

The faculty and staff of the District, will:

- Provide high quality curriculum and instruction in a supportive and effective learning environment to enable children to meet the challenging State academic standards.
- Consider the promises made in the Compact at parent-teacher conferences.
- Provide parents with frequent progress reports pursuant to district policy.
- Communicate and work with families to support students' learning.

Parent Responsibilities:

The parent(s) will support their child's learning in the following ways:

- Communicate and work with teachers and school staff on an ongoing basis to be involved and support my child's learning.
- Value and support my child's attendance at school.
- Ensure that homework is completed.
- Promote positive use of my child's extracurricular time.
- Participate in parent groups that support the district's students.
- Endeavor to stay informed about my student's progress and request updates as needed.

Student Responsibilities:

The student will share the responsibility to improve his or her academic achievement in the following ways:

- Cooperate with my teachers in school and be responsible for my behavior.
- Complete all of my homework assignments on time.
- Participate to the best of my ability in all of my classes.
- Participate in extracurricular activities which will help me become a better student and stay active in my school and community.
- Let my teachers and family know when I need help.

**PARENT OBJECTION TO
PHYSICAL EXAMINATION OR VISUAL EVALUATION**

I, _____ (parent or guardian name), am the parent or guardian of _____ (student name) who is enrolling in the beginner grade or seventh grade in Maywood Public Schools, or who is transferring from out of state into any grade in _____ Public Schools:

I understand that state law requires that the school be provided with evidence of: (1) a physical examination, and (2) a visual evaluation. The physical examination and visual evaluation is required to be completed within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity. No such physical examination or visual evaluation shall be required of any child whose parent or guardian objects in writing.

I hereby object in writing to the (check one or both):

- physical examination
- visual evaluation

for the above named child. I will not hold Maywood Public Schools responsible for any injury or harm caused by or relating to such refusal to obtain a physical examination or visual evaluation for the above named child.

Dated this ____ day of _____, 20__.

Parent or Guardian

NEBRASKA JUVENILE COURTS: EDUCATION COURT REPORT

Instructions: The Nebraska Supreme Court's Commission on Children and Families in the Courts – Education Sub-Committee has developed the *Nebraska Juvenile Courts: Education Court Report* to assist judges in ensuring the academic needs of court-involved children and youth are addressed as well as developmental needs of infants and toddlers. The *Education Court Report* contains a series of questions designed to provide the judge with pertinent information about the child's education and development. The extent to which all or only a portion of those questions are explored will vary based on the child's age and specific circumstances. Use of the *Education Court Report* promotes the expectation that child welfare and juvenile justice professionals have ongoing communication with the child's school, preschool or child care provider and are prepared to report relevant information to the Court. Once completed, the *Education Court Report* may contain confidential information under state and federal law and should not be released without a Court order.

Child's Name _____ DOB _____ Age _____
Court _____ Judge _____ Docket _____ Page _____
Completed By _____ Date _____

ENROLLMENT

Is the child enrolled in school, preschool or child care?

Yes Name of Current School, Preschool or Child Care _____
Type of School, Preschool or Child Care _____ Length of Attendance _____
Grade Level _____

If the child is under 5, how was the preschool or child care chosen and by whom:

No Reason(s) why the child is not enrolled:

EDUCATIONAL STABILITY

Is the child attending the same school, preschool or child care?

Yes
 No Name of New School, Preschool or Child Care _____
Date and reason(s) for this change _____
Number of prior changes in the school attended since child's court involvement _____

COMPLETE THIS SECTION FOR DHHS-CFS STATE WARDS ONLY:

Has an *Educational Stability Plan* been jointly developed by DHHS, the school of origin and the child's parents (or education surrogate) following removal from the home? Yes No Has this been updated every six (6) months thereafter? Yes No

Has the current change in the school attended been determined to be in the child's "Best Interest"? Yes No

Does the school and DHHS-CFS agree that this current change is in the child's "Best Interest"? Yes No

If No, explain how dispute resolved _____

"Best Interest" Considerations taken into account by the school:

"Best Interest" Considerations taken into account by DHHS-CFS:

Efforts taken by the school and DHHS-CFS for the child to remain in the school of origin, same preschool or child care:

EDUCATION DECISION-MAKING

Have the child's parents retained education decision-making rights?

Yes

No Has a surrogate for education decision-making been appointed?

Yes Name of Education Surrogate _____

No Who is making education decisions on behalf of the child? _____

CAPTA (Child Abuse Prevention and Treatment Act) - COMPLETE THIS SECTION FOR DHHS-CFS STATE WARDS ONLY

If the child is under 5, has a CAPTA Screening been conducted?

Yes Did the child screen eligible for a full CAPTA Evaluation? Yes No

Has the CAPTA Evaluation been conducted? Yes No

Who made the referral? _____

No

ATTENDANCE

Has the child been tardy or absent from school, preschool or child care this year?

Yes Number and Reason(s) for tardiness, excused absences and/or unexcused absences since last court hearing:

Steps taken to address the child's tardiness and/or absences:

No

TRANSPORTATION AND SUPPLIES

How is the child getting to and from school, preschool or child care?

School Bus Self (Walking or Driving) Public Transportation (Bus or Taxi)

Foster Parent Case Manager Other _____

Distance Travelled _____

Are additional transportation arrangements needed for the child to continue attending the school of origin, same preschool or child care?

Yes Additional Transportation Needed _____

No

Does the child have the supplies and equipment needed for school, preschool or child care?

Yes

No Supplies and Equipment Needed _____

ACADEMIC PERFORMANCE AND GRADUATION

Is the child performing at the appropriate grade level in the core courses of Reading, Language Arts, Math, Science and Social Studies?

Yes

No Educational Services provided by the school to assist the child:

Tutoring or Academic Support Services Summer School

Online Courses and Assistance Other _____

Child's Grade Point Average (GPA) _____ Number of Credits Earned To-Date _____

Number of Credits Needed to Graduate _____ from _____ High School
(Specify School District / High School)

Is the child currently behind in academic credits required to graduate from high school?

Yes Educational Services provided by the school to assist the child _____

No

COMPLETE THIS SECTION FOR DHHS-CFS STATE WARDS ONLY:

If the child is under 5, is he or she on track developmentally?

Yes

No

By what means was the child's development assessed? _____

If the child is under 5, what has been done to promote educational readiness?

Preschool Pre-Kindergarten Program

Child Care EDN (Early Development Network)

Other _____

HEALTH FACTORS AFFECTING EDUCATION

Does the child have any health factors which may affect his or her ability to learn or attend school, preschool or child care regularly?

Yes Health Factors: _____

Impact on the child's development and/or education: _____

Supports provided by the school, preschool or child care to assist the child: _____

No

CHILDREN WITH DISABILITIES

If the child has or is suspected of having a disability which may affect learning, has he or she been evaluated for eligibility and services under Section 504 of the Rehabilitation Act or special education services under IDEA?

Yes Evaluation Results: _____

No Should an Evaluation under Section 504 be requested? Yes No

Should a Multi-Disciplinary Team (MDT) Evaluation for special education services be requested? Yes No

Does the child have a current 504 Plan, Multi-Disciplinary Team (MDT) Report, Individualized Education Plan (IEP) Individualized Family Service Plan (IFSP)?

Yes 504 Plan MDT Report IEP IFSP (for Infants and Toddlers)

Is this plan meeting the child's educational and/or developmental needs? Yes No

No

SUSPENSION AND EXPULSION

Has the child been suspended or expelled from school, preschool or child care?

Yes Number, Reason(s) and Length of suspension or expulsion since last court hearing:

Alternative Educational Services provided by the school, preschool or child care:

No

EXTRACURRICULAR ACTIVITIES, INTERESTS AND TALENTS

What are the child's interests and talents? _____

Is the child involved in extracurricular activities?

Yes Extracurricular Activities _____

No

Does the child have the supplies and equipment needed to participate in extracurricular activities?

Yes

No Supplies and Equipment needed _____

POST-SECONDARY EDUCATION AND EMPLOYMENT

What are the child's plans after high school?

Post-Secondary Education _____ Employment _____

Military _____ Other _____

COMPLETE THIS SECTION FOR DHHS-CFS STATE WARDS ONLY:

Does the child have a DHHS-CFS Independent Living Plan?

Yes Does this plan meet the child's independent living needs? Yes No

No Does a plan need to be developed? Yes No

Acknowledgements: The Nebraska Juvenile Court: Education Court Report was adapted from the national model, Asking the Right Questions II: Judicial Checklists to Meet the Educational Needs of Children and Youth in Foster Care, created by the National Council of Juvenile and Family Court Judges and Casey Family Programs, as well as Nebraska's Judicial Checklist to Address the Educational Needs of Students in Out-of-Home Care developed by the Nebraska Department of Education.

**PARENTAL AUTHORIZATION AND RELEASE FORM
ADMINISTRATION OF PRESCRIPTION DRUGS TO STUDENTS**

The undersigned are the parent(s), guardian(s), or person(s) in charge of

(name of the student)

It is necessary that the student receive (name of drug) _____, a physician-prescribed drug, during school intervals beginning on (date) _____ and continuing through _____ (date)

I hereby request that the School District, or its authorized representative, administer the drug named above to my child named above, in accordance with the prescribing physician's instructions, and agree to:

1. Submit this request to the teacher.
2. Make certain the Physician's Request for the Administration of Prescription Medication by School Personnel is submitted to the teacher.
3. Make sure personally that the drug is received by the teacher and/or county nursing service administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the drug is dispensed is marked with the drug name, dosage, interval dosage, and date after which no administration should be given.
5. Submit a REVISED STATEMENT signed by the physician prescribing the drug to the teacher IF ANY OF THE INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.
6. Release the School District and the Board of Education of the School District and all employees, agents, and the representatives of the School District from any liability concerning the giving or non-giving of the drug to the student.

DATED this _____ day of _____, 20__.

Parent/Guardian

**ADMINISTRATION OF MEDICATION TO STUDENTS
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF PRESCRIPTION
MEDICATIONS BY SCHOOL PERSONNEL**

DATE _____

CHILD'S FULL NAME _____ is under my care and must take medication which I have prescribed during the school day.

Name of medication (as it appears on container in which the drug is stored)

Dosage and time _____

Date administration of drug is to begin

Possible adverse reactions to be reported to physician _____

Special instructions for the administration and storage of the drug _____

I or my designee(s) have trained school personnel or approved alternative training as adequate to administer the medication, have evaluated the situation, the general administration plan and if applicable, the self administration plan or emergency care plan, and deemed each to be safe and appropriate, and if applicable authorize the use of hypodermic syringes and needles or similar medical terms.

Name of Physician and Designee

Print or Type

Primary Phone Number

Secondary Phone Number

Signature of Physician

**PARENTAL AUTHORIZATION AND RELEASE FORM
ADMINISTRATION OF NON- PRESCRIPTION DRUGS TO STUDENTS**

While the administration of medications to students should be scheduled outside of school hours whenever possible, occasionally it may be necessary for school personnel to administer nonprescription drugs to a student as authorized by the student's parents, guardians, or medical professionals and state law. School personnel will only dispense those nonprescription drugs which have been approved by state and federal law for use as a drug and meet the definition of nonprescription drugs in Nebraska's Medication Aide law which states:

Nonprescription drugs means nonnarcotic medicines or drugs which may be sold without a medical order and which are prepackaged for use by the consumer and labeled in accordance with the requirements of the laws and regulations of this state and the federal government.

In order for students to be administered nonprescription medication by school personnel, a parent or guardian must:

- Complete and return this authorization form.
- Provide the district with any nonprescription drugs you wish to be administered in its original container from the manufacturer, which must include legible, unadulterated manufacturer instructions. The container must be labeled with the student's name.
- Provide the district with specific written instructions regarding the requested nonprescription drug's administration, including the date(s) the student is to be administered the drug, the dosage to be administered, the frequency of administration, and any other details or conditions relevant to administration.

School personnel will not administer nonprescription drugs in a manner inconsistent with the manufacturer instructions or state law. School personnel will not administer non-prescription drugs that is expired.

The undersigned are the parent(s), guardian(s), or person(s) in charge of

(name of the student)

I authorize and request school personnel to administer nonprescription drugs to my student. I release the school district, its officials, and employees from any and all liability concerning the administration of nonprescription drugs to my student.

DATED this _____ day of _____, 20__.

Parent/Guardian