

APPENDIX

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FORMS FOR

SECTION II

COMMUNITY

RELATIONS

FACILITIES USE AND LICENSE AGREEMENT

THIS AGREEMENT is entered into between Independent School District No. 71 of Kay County, Oklahoma ("School District") and _____ ("Licensee").

RECITALS:

Licensee desires to use on a temporary basis certain facilities owned by the School District. The School District desires to allow Licensee to use and occupy designated portions of those facilities at specific times and for specific purposes.

WHEREFORE, in consideration of the following mutual promises, covenants and conditions and intending to be legally bound the parties agree as follows:

1) The School District agrees to allow Licensee to use and occupy the facilities and portions thereof described in paragraph 6 below at the times designated in said paragraph 6 below and for the specific uses described in paragraph 6.

2) Licensee agrees to pay the School District \$___ as and for rentals and all required cleaning and janitorial expense involved in Licensee's use and occupancy of the facilities.

3) Licensee agrees to release, hold harmless and indemnify the School District, its agents and employees from any and all liability regardless of the source and regardless of the type of claim which may occur arising out of, directly or indirectly, the Licensee's occupancy and use of the below-described facilities. In addition to the foregoing release and indemnity, and not in lieu thereof, Licensee agrees to furnish School District with a certificate or certificates of insurance coverage in such amounts as the superintendent of schools requires as will insure the School District against any and all liability or actions that can arise by virtue of the Oklahoma Governmental Tort Claims Act, and naming the School District, its agents and representatives as additional parties insureds.

4) Licensee warrants and represents that it is authorized to sign this Agreement and by signing this Agreement binds itself, its affiliates, members, successors and assigns.

5) This Agreement is terminable at the will of the School District upon thirty (30) days advance notice.

- 6) a) Designated building:
- b) Designated portion:
- c) Designated use:
- d) Designated date(s):

e) Designated time:

7) Licensee will take care to use all facilities and equipment of the School District in a careful and prudent manner so as to prevent any loss, defacement or damage to them. Licensee is liable to the School District for the damages, repair or replacement of any items damaged during its use of the School District's facilities.

DATED this ____ day of _____, 20__.

"SCHOOL DISTRICT"

**INDEPENDENT SCHOOL DISTRICT
NO. 71 OF KAY COUNTY,
OKLAHOMA**

By: _____
President of the Board of Education

"LICENSEE"

By: _____
Authorized Representative

FORMS FOR

SECTION III

ADMINISTRATION

DISCRIMINATION GRIEVANCE COMPLAINT FORM
(Student / Parent)

Name and Address of Charging Party (Grievant): Date: _____

Student: _____

Parent (or Guardian): _____

Phone numbers where Grievant may be reached:

Home: _____ Office: _____
(for parent or guardian and student)

Cell: (Parent) _____ (Student) _____

Other: _____

Statement of grievance (Please provide as detailed a statement as is possible and attach supplemental pages if necessary for a complete understanding of your grievance):

Please identify any documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance.

Please identify what action or relief you are seeking as a result of this grievance.

Signature of Grievant/Parent (or Guardian)

Signature of Student

IF, AS A RESULT OF A DISABILITY, YOU NEED ASSISTANCE IN COMPLETING THIS FORM PLEASE
CONTACT THE DISTRICT'S ADA OR TITLE IX COORDINATOR OR THE SUPERINTENDENT, FOR
ASSISTANCE OR ACCOMMODATION.

FORMS FOR

SECTION IV

INSTRUCTION

**PONCA CITY SCHOOL DISTRICT
NOTIFICATION OF RIGHTS UNDER THE
PROTECTION OF PUPIL RIGHTS AMENDMENT (PPRA)**

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED) -
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental and 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 eligibility.

- *Receive notice and an opportunity to opt a student out of* –
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance; administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.

- *Inspect*, upon request and before administration or use –
 1. Protected information surveys of students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

The School District will develop and adopt policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. The School District will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. The School District will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. The School District will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of school activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

Parents who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, D.C. 20202-5901

**NOTIFICATION FORM FOR POSSIBLE STUDENT RETENTION
OR POSSIBLE STUDENT FAILURE OF A COURSE**

TO: _____
[Name of Parent]

FROM: _____
[Name of Administrator or Teacher]

RE: _____
[Name of Student]

[Check the following items, as appropriate]:

_____ This is to advise you that the above-named student is in danger of being retained in his/her current grade because his/her performance is insufficient.

**PLEASE CONTACT ME AS SOON AS POSSIBLE
TO DISCUSS THIS ISSUE.**

_____ This is to advise you that the above-named student is in danger of failing the following course: _____
[Name of Course]

**PLEASE CONTACT ME AS SOON AS POSSIBLE
TO DISCUSS THIS ISSUE.**

CITIZEN'S REQUEST FOR RECONSIDERATION OF MATERIAL

Name _____

Address _____

Telephone _____

Type of Material _____

Title _____

Author _____

State specific objections: (Please cite pages or portions) Attach additional pages as needed.

What do you believe might result from using this material?

What do you believe is the theme or purpose of this material?

Have you reviewed the entire material? _____

Have you reviewed other material by this person? _____

If yes, please list the material _____

What material dealing with same subject would you recommend as a replacement?

(Date)

(Signature)

FORMS FOR

SECTION V

BUSINESS

MANAGEMENT

**PUBLIC RECORD ACCESS REQUEST
OKLAHOMA OPEN RECORDS ACT**

**TO: PONCA CITY SCHOOL DISTRICT
111 WEST GRAND AVENUE
PONCA CITY, OKLAHOMA 74601-5211**

1. Pursuant to the Oklahoma Open Records Act, the undersigned hereby requests access to the following School District records:

[Describe records as specifically as possible; attach additional sheets if necessary.]

2. The undersigned requests access to the foregoing records for the following purpose:

3. If copies of the documents are requested, the undersigned agrees to pay the per page fee for copies identified in the School District's Oklahoma Open Records Act policy. If a search is necessary to furnish the documents and if this request is solely for commercial purposes, the undersigned agrees to pay the hourly search fee identified by District policy.

4. The undersigned is acting as representative or agent for _____.

(Signature)

Date: _____

Address: _____

Received by:
Ponca City School District
on _____, _____.

Record Request No. _____.

**APPLICATION FOR SANCTIONING
UNDER OKLA. STAT. tit. 70, § 5-129.1**

This is a request for sanctioning by the Applicant to the Board of Education of Ponca City School District pursuant to which the funds collected by the Applicant are exempt from the statutory controls over school activity funds. The Applicant is a student achievement program or a parent-teacher association or organization.

Name of applicant: _____

Applicant's Address: _____

Applicant's Taxpayer I.D. No.: _____

Applicant's Representative from whom additional information may be obtained: _____

Applicant's Telephone Number: _____

Applicant's Purpose, Goals and Organizational Structure: _____

Describe how the School District and its Students will Benefit if the Applicant is Sanctioned. _____

Attach the most recent financial audit report, if any, for the Applicant issued by an independent accounting firm.

Applicant certifies that it does not and will not discriminate with respect to its benefits, membership, programs, operation or organization on the basis of race, gender, age, religion, national origin or disability.

Applicant acknowledges that the Board of Education has the discretion to sanction or decline to sanction the Applicant, and the decision of the Board of Education is final and nonappealable. Applicant further acknowledges that (a) the Board of Education may, at any time, request the records maintained by the Applicant, which records Applicant will promptly make available, and (b) the Board of Education may, at any time it believes it is in the best interest of the School District to do so, withdraw sanctioning, and the decision of the Board of Education is final and nonappealable.

Applicant also acknowledges that, in order for the School District to consider whether to maintain the sanctioning action of Applicant, Applicant shall provide to the Board of Education, upon request, on an annual basis, by July 1 of each year, the audit report, if any, for Applicant's recently ended fiscal year, prepared by an independent accounting firm.

Instructions to Applicant:

- 1) Complete this application. Please print or type. If necessary, please use additional sheets of paper.
- 2) Attach Applicant's most recent audit report, if any.
- 3) Sign and date this application.
- 4) Deliver this application to:

_____ Superintendent

[Address]

(Name of Applicant)

Dated: _____

By: _____

PONCA CITY SCHOOL DISTRICT
REQUEST FOR RAFFLE

To be completed by requestor.

Date: _____ School: _____

Group : _____

Description of item(s) to be raffled with their respective fair market values:

Purpose of fundraising:

Suggested Voluntary Contribution Amount for Ticket (if any): \$ _____

Expected Drawing Date, if approved: _____

Signature of Organization's Representative: _____

<i>To be completed by District Personnel:</i>	
Request is:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Date:	_____
Signature:	_____

FORMS FOR

SECTION VI

PERSONNEL

AUTHORIZATION AND RELEASE

This Authorization and Release is executed under penalty of perjury on the ___ day of _____, _____, by _____, an applicant for employment ("Applicant") with the Ponca City School District.

Applicant understands that the Ponca City School District's receipt of a clear national felony record search is a condition of employment with the School District. Because Applicant desires employment with the School District, Applicant authorizes the School District to request and obtain the results of a national felony record search of Applicant's name, fingerprints, if applicable, social security number and any other lawful means of obtaining such results. Applicant hereby releases Applicant's felony record search results to the School District. Applicant also releases the School District of any and all liability relating to its request for, receipt and use of the search results.

APPLICANT ACKNOWLEDGES THAT APPLICANT HAS BEEN FURNISHED AND UNDERSTANDS ALL OF THE REQUIREMENTS OF THE SCHOOL DISTRICT'S FELONY RECORD SEARCH POLICY AND AGREES TO BE BOUND BY ALL OF ITS TERMS AND CONDITIONS.

Applicant also agrees to truthfully answer the following questions:

HAVE YOU EVER:

	<u>Yes</u>	<u>No</u>
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes criminal cases involving a "deferred sentence," "deferred judgment" and any "expunge of the records.")	_____	_____
Been convicted of a state (any state) or federal felony offense?	_____	_____
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes criminal cases involving a "deferred sentence," "deferred judgment" and any "expunge of the records.")	_____	_____
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor		

charge involving illegal chemical substances or illegal sexual activity? (This question includes criminal cases involving a “deferred sentence,” “deferred judgment” and any “expunge of the records.”)

Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?

APPLICANT UNDERSTANDS THAT IF APPLICANT IS HIRED BY THE SCHOOL DISTRICT PRIOR TO RECEIPT OF THE RESULTS OF THE FELONY RECORD SEARCH, APPLICANT WILL BE CLASSIFIED AS A TEMPORARY EMPLOYEE UNTIL NOTIFIED OTHERWISE BY THE SUPERINTENDENT OF SCHOOLS. Furthermore, Applicant understands that if the felony record search reveals a prior felony offense conviction or if Applicant provides a false response to one or more of the above questions, then Applicant will be denied employment. If Applicant is employed prior to receipt of the search results then (1) Applicant is deemed to have resigned Applicant's temporary employment with the School District, effective upon acceptance by the Board of Education; (2) the Board of Education may accept Applicant's resignation at any time within thirty (30) days after the date the School District was notified of either the unsatisfactory search results or the false response, whichever is later; and (3) Applicant waives Applicant's right to any and all due process procedures to which Applicant might otherwise be entitled under federal and state law and School District policies and procedures. **APPLICANT UNDERSTANDS AND AGREES THAT IF HIRED BY SCHOOL DISTRICT, THEN APPLICANT IS SUBJECT TO A FELONY RECORD SEARCH AT ANY TIME DURING HIS/HER EMPLOYMENT WITH THE SCHOOL DISTRICT AND THIS AUTHORIZATION AND RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT THROUGHOUT APPLICANT'S EMPLOYMENT WITH THE SCHOOL DISTRICT.**

"Applicant"

VERIFICATION

STATE OF OKLAHOMA)
) ss.
COUNTY OF _____)

_____, Applicant, of lawful age and being first duly sworn upon oath, deposes and states: that Applicant is familiar with the statements set forth above; that Applicant has read and fully understood the foregoing Authorization and Release; and Applicant states that all the matters therein set forth are true and correct.

"Applicant"

SUBSCRIBED AND SWORN to before me this ____ day of _____, _____.

Notary Public

My Commission expires:

(SEAL)

[FOR CURRENT EMPLOYEES]

AUTHORIZATION AND RELEASE

This Authorization and Release is executed under penalty of perjury on the ____ day of _____, _____, by _____, an employee ("Employee") with the Ponca City Public Schools.

Employee understands that the Ponca City Public Schools receipt of a clear national felony record search has been requested by the Superintendent and/or Board of Education. Employee hereby releases his/her felony record search results of his/her name, fingerprints, social security number and any other lawful means of obtaining such results to the Ponca City Public Schools. Employee also releases School District of any and all liability relating to its request for, receipt and use of the search results.

Employee acknowledges that he/she has been furnished and understands all of the requirements of the School District's Felony Record Search Policy and agrees to be bound by all of its terms and conditions.

Employee also agrees to truthfully answer the following questions:

HAVE YOU EVER:

	<u>Yes</u>	<u>No</u>
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes criminal cases involving a "deferred sentence," "deferred judgment" and any "expunge of the records.")	_____	_____
Been convicted of a state (any state) or federal felony offense?	_____	_____
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes criminal cases involving a "deferred sentence," "deferred judgment" and any "expunge of the records.")	_____	_____
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes criminal cases involving a "deferred sentence," "deferred judgment" and any "expunge of the records.")	_____	_____
Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?	_____	_____

Employee understands that if the felony record search reveals a prior felony offense conviction or if Employee has provided a false response to one or more of the above questions, then Employee's employment by the School District will be reviewed to determine whether there is a basis for non-reemployment or dismissal. In any event, the Board of Education may accept Employee's resignation at any time within thirty (30) days after the date the Ponca City Public Schools was notified of either the unsatisfactory search results or the false response, whichever is later.

"Employee"

PONCA CITY SCHOOL DISTRICT
COMPENSATORY TIME OFF AGREEMENT

In accordance with the Fair Labor Standards Act, the Ponca City School District has a policy of granting employees compensatory time off in lieu of compensation for hours worked in excess of 40 hours a week, or, in the District's discretion, providing the employee monetary overtime compensation. A copy of this policy has been provided to me. I understand that the compensatory time will be granted at time and one-half for all hours worked in excess of 40 hours per week. I further understand that the compensatory time may be limited, preserved, used or cashed out consistent with the provisions of that policy and applicable law and regulations of the U.S. Department of Labor.

I knowingly agree to this provision of time off as compensation for overtime work as a condition of my employment and consent to the use of compensatory time in accordance with the District's policy. I further understand that in the event any portion of the policy is interpreted to conflict with the FLSA or its regulations, that the conflicting portion shall be struck and the remainder of the policy shall continue in full force and effect.

Employee Signature

Date

Supervisor Signature

Date

EMPLOYEE ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that I received the following policies:

- Policy for Classification of Employees and Rights and Responsibilities Involving Nonexempt Employees;
- Policy Regarding Multiple Employment Assignments; and
- Compensatory Time for Overtime Policy

I further acknowledge that I have read these policies, any questions I may have had regarding these policies have been answered to my satisfaction, that I understand these policies and agree to comply with these policies.

Employee Signature

Date

The supervisor's signature below verifies that the above named support employee was furnished with the District's FLSA policies.

Supervisor's Signature

Date

APPLICATION FOR FAMILY OR MEDICAL LEAVE

Name: _____

Current address: _____

Position: _____

School or Worksite: _____

Beginning date of leave: _____

Expected date of return to work: _____

Reason for leave request (explain): _____

If family leave to care for a seriously ill family member is requested, state:

8) Name of family member: _____

9) Relationship of family member to you: _____

10) Describe care you will provide: _____

Name and Mailing Address of Health Care Provider(s): _____

Approved _____ Not Approved _____ Date _____

Assistant Superintendent

cc: _____

EMPLOYEE'S STATEMENT

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the Superintendent of Schools.

Date

Employee's Signature

Approved by:

Employee's Immediate Supervisor

Superintendent of Schools

**APPLICATION FOR FMLA INTERMITTENT LEAVE
OR LEAVE ON A REDUCED SCHEDULE**

Name: _____

Current Address: _____

Position: _____

School or Worksite: _____

State whether you are requesting intermittent leave or leave on a reduced schedule:

Intermittent Leave

Beginning date of leave: _____

Ending date of leave: _____

Leave on a reduced schedule

Schedule requested: _____

Beginning date of revised schedule: _____

Date reduced leave expected to terminate: _____

Describe the reason for a request
of intermittent or reduced leave: _____

If leave is based on medical necessity of an individual other than the employee state:

Family member: _____

Relationship to employee: _____

Name and address of
Health Care Provider(s): _____

If leave is requested in connection with the birth or placement of a child, please note that the leave is subject to the approval of the District.

EMPLOYEE'S STATEMENT

I understand that a failure to return to work at the end of my leave period may be treated as a resignation and will serve as a basis for discharge unless an extension has been agreed upon and approved in writing by the Superintendent of Schools.

Date

Employee's Signature

Approved by:

Employee's Immediate Supervisor

Superintendent of Schools

**EMPLOYER RESPONSE TO EMPLOYEE
REQUEST FOR FAMILY OR MEDICAL LEAVE
(FAMILY AND MEDICAL LEAVE ACT OF 1993)**

TO:

FROM:

RE: Request for Family/Medical Leave

On _____ you notified us of your need to take family/medical leave due to:

- the birth of a child, or the placement of a child with you for adoption or foster care; or
- a serious health condition that makes you unable to perform the essential functions of your job; or
- a serious health condition affecting your spouse, child or parent, for which you are needed to provide care.

You notified us that you need this leave beginning on or about _____, and that you expect the leave to continue until on or about _____.

This is to inform you that you are eligible for leave under the Family Medical Leave policy and that the requested leave will be counted against your annual FMLA leave entitlement.

Except as explained below, you have a right under the FMLA for up to 12 weeks of unpaid leave in a 12-month period of the reasons listed above. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work, and you must be reinstated to the same or an equivalent job with the same pay benefits, and terms and conditions of employment on your return from leave. If you do not return to work following FMLA leave for a reason other than: (1) the continuation, recurrence, or onset of a serious health condition that would entitle you to FMLA leave; or (2) other circumstances beyond your control, you may be required to reimburse the district's share of health insurance premiums paid on your behalf during your FMLA leave.

You will be required to furnish medical certification of a serious health condition at least 15 days after you are notified of this requirement.

The district will require that you substitute appropriate accrued paid leave for unpaid FMLA leave (if applicable). Questions regarding appropriate leave available should be directed to the payroll department.

If you normally pay a portion of the premiums for your health insurance, these payments will continue during the period of FMLA leave. Arrangements for payment should be made through the payroll department as you will need to make premium payments by personal check made payable to Oklahoma State Education Employees Group Insurance Board (OSEEGIB) for the monthly premium prior to the first day of each month as per policy.

You will be required to present a fitness-for-duty certificate prior to being restored to employment. If such certification is required but not received, your return to work may be delayed until certification is provided.

While on leave, you may be required to furnish us with periodic reports of your status and intent to return to work. If the circumstances of your leave change and you are able to return to work earlier than the date indicated above, you will be required to notify us at least two work days prior to the date you intend to report for work.

**MEDICAL RELEASE
AUTHORIZATION FOR ACCESS BY PATIENT
OR DISCLOSURE OF PROTECTED HEALTH INFORMATION**

Patient Name: _____
Date of Birth: _____

Medical Record #: _____
Social Security #: _____

I hereby authorize my physician or other health care provider, _____, to disclose my Protected Health Information, as described below and that is necessary to process my leave request, to the following:

PONCA CITY SCHOOL DISTRICT
Attention: Office of the Superintendent
Name of Individual/Facility/Company to Receive PHI

Address: _____

Information authorized for use or disclosure, or to be obtained:

- All medical information concerning this patient.
- Medical information of this patient compiled between _____ to _____
- Only: Medical information relevant to requested family medical leave.

Dates of Treatment, if known: _____

The information will be obtained, used, or disclosed for the following purpose(s) only:

- Insurance Continued treatment Legal At the request of the patient or patient's representative
- Other (specify) _____ to determine eligibility for family medical leave

I understand:

- I may revoke this authorization at any time, in writing, except revocation will not apply to information already used or disclosed in response to this authorization. I may revoke this document by presenting my written revocation as provided in the Notice of Privacy Practices. Unless revoked or otherwise indicated, the automatic expiration date will be one year from the date of signature or upon occurrence of the following event: _____
- I release the entities listed above, their agents and employees from any liability in connection with the use or disclosure of the protected health information covered by this authorization. The entity authorized to disclose the information will not be compensated by the recipient for the disclosure, except for the cost of copying and mailing as authorized by law.
- Information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient and no longer protected by federal law. However, the recipient may be prohibited from disclosing substance abuse information under the Federal Substance Abuse Confidentiality Requirements.
- I have the right to inspect the health information to be released and I may refuse to sign this authorization.
- Unless the purpose of this authorization is to determine payment of a claim for benefits, the requesting entity will not condition the provision of treatment or payment for my care on my signing this authorization.

I understand that my medical information may indicate that I have a communicable or venereal disease which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea or the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). I further understand that my medical information may indicate that I have or have been treated for psychological or psychiatric conditions or substance abuse.

Signature of Patient or Legal Representative _____

Date _____

Description of Legal Representative's Authority _____

Expiration Date of Authorization _____

NOTICE OF RIGHTS: Information in your medical record that you have or may have a communicable or venereal disease is made confidential by law and cannot be disclosed without your permission except in limited circumstances including disclosure to persons who have had risk exposures, disclosure pursuant to an order of the court of the Department of Health, disclosure among health care providers or disclosure for statistical or epidemiological purposes. When such information is disclosed, it cannot contain information from which you could be identified unless disclosure of that identifying information is authorized by you, by an order of the court or the Department of Health or by law.

**CERTIFICATION OF HEALTH CARE PROVIDER
(FAMILY AND MEDICAL LEAVE ACT OF 1993)**

1. Employee's Name: _____
2. Patient's Name (if different from employee): _____
3. The attached sheet describes what is meant by a "serious health condition" under the Family and Medical Leave Act. Does the patient's condition^{1/} qualify under any of the categories described? If so, please check the applicable category.

(1)____ (2)____ (3)____ (4)____ (5)____ (6)____, or None of the above_____
4. Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories: _____

- 5.a. State the approximate date the condition commenced, and the probable duration of the condition (and also the probable duration of the patient's present incapacity^{1/} if different):

- b. Will it be necessary for the employee to take work only intermittently or to work on a less than full schedule as a result of the condition (including for treatment described in Item 6 below)? _____

If yes, give the probable duration: _____
- c. If the condition is a chronic condition (condition #4) or pregnancy, state whether the patient is presently incapacitated^{2/} and the likely duration and frequency of episodes of incapacity^{2/}: _____

- 6.a. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments. _____

If the patient will be absent from work or other daily activities because of treatment on an intermittent or part-time basis, also provide an estimate of the probable number and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any: _____

^{1/} Here and elsewhere on this form, the information sought relates only to the condition for which the employee is taking FMLA leave.

^{2/} "Incapacity," for purposes of FMLA, is defined to mean inability to work, attend school or perform other regular daily activities due to the serious health condition, treatment therefor, or recovery therefrom.

- b. If any of these treatments will be provided by another provider of health services (*e.g.*, physical therapist), please state the nature of the treatments. _____

- c. If a **regimen of continuing treatment** by the patient is required under your supervision, provide a general description of such regimen (*e.g.*, prescription drugs, physical therapy requiring special equipment): _____

- 7.a. If medical leave is required for the employee's **absence from work** because of the **employee's own condition** (including absences due to pregnancy or a chronic condition), is the employee **unable to perform work** of any kind? _____
- b. If able to perform some work, is the employee **unable to perform one or more of the essential functions of the employee's job** (attached is information about the essential job functions)? _____ If yes, please list the essential functions the employee is unable to perform:
- c. If neither a. nor b. applies, is it necessary for the employee to be **absent from work for treatment**? _____
- 8.a. If leave is required to **care for a family member** of the employee with a serious health condition, **does the patient require assistance** for basic medical or personal needs or safety, or for transportation? _____
- b. If no, would the employee's presence to provide **psychological comfort** be beneficial to the patient or assist in the patient's recovery? _____
- c. If the patient will need care only **intermittently** or on a part-time basis, please indicate the probable duration of this need: _____

(Signature of Health Care Provider)

(Type of Practice)

(Address)

(Telephone Number)

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule: _____

(Employee Signature)

(Date)

A "**Serious Health Condition**" means an illness, injury, impairment, or physical or mental condition that involves one of the following:

1. Hospital Care

Inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity^{2/} or subsequent treatment in connection with or consequent to such inpatient care.

2. Absence Plus Treatment

(a) A period of incapacity^{2/} of **more than three consecutive calendar days** (including any subsequent treatment or period of incapacity^{2/} relating to the same condition), that also involves:

(1) **Treatment^{1/} two or more times** by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (*e.g.*, physical therapist) under orders of, or on referral by, a health care provider; *or*

(2) **Treatment** by a health care provider on **at least one occasion** which results in a **regimen of continuing treatment^{1/}** under the supervision of the health care provider.

3. Pregnancy

Any period of incapacity due to **pregnancy**, or for **prenatal care**

4. Chronic Conditions Requiring Treatments

A **chronic condition** which:

(1) Requires **periodic visits** for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;

(2) Continues over an **extended period of time** (including recurring episodes of a single underlying condition); and

^{2/} Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examinations, or dental examinations.

^{4/} A regimen of continuing treatment includes, for example, a course of prescription medication (*e.g.*, an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise, and other similar activities that can be initiated without a visit to a health care provider.

(3) May cause **episodic** rather than a continuing period of incapacity^{2/} (e.g., asthma, diabetes, epilepsy, etc.).

5. Permanent/Long-term Conditions Requiring Supervision

A period of **incapacity^{2/}** which is **permanent or long-term** due to a condition for which treatment may not be effective. The employee or family member must be **under the continuing supervision of, but need not be receiving active treatment by, a health care provider**. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

6. Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive **multiple treatments** (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for **restorative surgery** after an accident or other injury, **or** for a condition that **would likely result in a period of incapacity^{2/} of more than three consecutive calendar days in the absence of medical intervention or treatment**, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).

NOTICE OF INTENTION TO RETURN FROM LEAVE

Name: _____

Principal or Supervisor: _____

Date leave commenced: _____

Date of planned return: _____

I understand that my reinstatement is subject to the following conditions:

(a) As a condition of reinstatement, I must provide a written certification from my health care provider that I am able to resume working and can perform, with or without reasonable accommodation, the essential functions of my position.

(b) I understand that every attempt will be made to restore me to my original position. However, if my original position is unavailable, I will be placed in an equivalent position with equivalent pay and benefits. (This section may not apply to key employees.)

(c) I understand that as an employee returning from family or medical leave I shall not be entitled to the accrual of any time or employment benefits during my period of leave.

Date

Employee's Signature

STATEMENT OF HEALTH CARE PROVIDER

I have examined _____ and can certify:

- that he/she is fully able to resume working. He/she is able to perform his/her essential job functions without accommodations.
- that he/she is not fully able to resume working that he/she is not able to perform his/her essential job functions without accommodations, but may resume working with the restrictions and/or accommodations listed in the attached statement.
- that he/she is unable to return to work at this time.

Date

Health Care Provider

Address

Phone

Date

[Name]
[Address]

Re: Notice of Hearing on Recommendation for Nonreemployment due to Potential Reduction in Force

Dear _____:

This is to notify you that on the ____ day of _____, _____, at ____ p.m., the Board of Education will hold a hearing at _____ [address] _____, at which time the Board will consider and determine whether to accept the superintendent's recommendation that your position be eliminated and that your contract not be renewed for the _____ - _____ school year due to a reduction in force.

Enclosed with this letter is a copy of the superintendent's recommendation which sets out the cause or causes and underlying facts on which the recommendation is based and which is incorporated herein by reference.

You have the right to appear before the Board at the hearing and present your position, and witnesses and other evidence, as to why a reduction in force is not necessary, why your specific teaching position should not be eliminated and why your teaching contract for the _____ - _____ school year should be renewed. You will be given an adequate opportunity to present your side of the matter to the Board of Education.

If you have any questions concerning the procedures to be followed at the hearing, please feel free to contact the superintendent of schools.

Very truly yours,

Clerk of the Board of Education

Enclosure

**[TO BE PERSONALLY DELIVERED TO TEACHER AND
TO BE MAILED BY CERTIFIED MAIL,
RETURN RECEIPT REQUESTED, ADDRESSEE ONLY]**

[DATE]

[NAME OF TEACHER]
[ADDRESS OF TEACHER]

Re: Notice that Nonreemployment [Dismissal] Due to Reduction in Force has been Approved by the Board of Education.

Dear [Mr. or Ms.] _____:

On the a_____ day of _____, _____, the Board of Education of the _____ School District voted to eliminate your employment position and to [not renew] [dismiss you from] your contract for the _____ - _____ school year because of a reduction in force.

The basis for the Board's decision is:

The decision of the Board of Education is final and non-appealable.

If the Board decides to reinstate your specific position within the next school year, you will be notified and may be eligible to be reemployed.

Very truly yours,

Superintendent of Schools

[TO BE PERSONALLY DELIVERED TO TEACHER AND TO BE MAILED BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, ADDRESSEE ONLY]

[IF A PROBATIONARY TEACHER IS DISMISSED UNDER THIS POLICY RATHER THAN NONREEMPLOYED THEN THE LANGUAGE OF THIS LETTER NEEDS TO BE REVISED TO REFLECT A DISMISSAL]

[CAREER TEACHERS ONLY]

[School District Letterhead]

[DATE]

**[To be delivered by:
Certified Mail, Restricted Delivery,
Return Receipt Requested; or
Personal Delivery with a Signed
Acknowledgement of Receipt; or
Process Server]**

[name]
[address]

Re: Notice of Hearing on Superintendent's Recommendation for Your
[Nonreemployment/Dismissal]

Dear _____:

This letter will notify you that the Board of Education has received a recommendation from the Superintendent of Schools for your [nonreemployment/ dismissal] from employment in this School District. Enclosed with this letter is a copy of the Superintendent's recommendation which is incorporated herein and which sets out the statutory causes on which the recommendation is based and specifies the underlying facts supporting the recommendation.

This is to further notify you that on the ___ day of _____, 20__, at _____ p.m., the Board of Education will hold a pre-termination hearing at [ADDRESS OF BOARD] at which time the Board will consider and determine whether to accept the recommendation of the Superintendent that you be [nonreemployed/dismissed] from your employment based on the statutory cause(s) and the underlying facts specified in the Superintendent's recommendation.

You have the right to appear before the Board at the pre-termination hearing. At the pre-termination hearing the superintendent or his designee will, in person or in writing or both, specify the statutory grounds upon which the recommendation is based and shall also specify the underlying facts and provide an explanation of the evidence supporting the recommendation. You will have a meaningful opportunity to present reasons, in person or writing or both, as to why the proposed action should not be taken. After you respond to the superintendent's recommendation the board will vote to decide whether to accept or reject the recommendation of the superintendent.

This notice with the accompanying recommendation is sent at the direction of the Board of Education.

Yours very truly,

Clerk of the Board of Education

[PROBATIONARY TEACHERS ONLY]

[School District Letterhead]

[DATE]

**[To be delivered by:
Certified Mail, Restricted Delivery,
Return Receipt Requested; or
Personal Delivery with a Signed
Acknowledgement of Receipt; or
(3) Process Server]**

[name]
[address]

Re: Notice of Hearing on Superintendent's Recommendation for Your
[Nonreemployment/Dismissal]

Dear _____:

This letter will notify you that the Board of Education has received a recommendation from the Superintendent of Schools for your [nonreemployment/ dismissal] from employment in this School District. Enclosed with this letter is a copy of the Superintendent's recommendation which is incorporated herein and which sets out the causes on which the recommendation is based and specifies the underlying facts supporting the recommendation.

This is to further notify you that on the ___ day of _____, 20__, at _____ p.m., the Board of Education will hold a hearing at [ADDRESS OF BOARD], at which time the Board will consider and determine whether to accept the recommendation of the Superintendent that you be [nonreemployed/dismissed] from your employment based on the causes and the underlying facts specified in the Superintendent's recommendation.

You have the right to appear before the Board at the hearing. The school administration will explain and present evidence regarding the charges against you. You are entitled to be represented by legal or other counsel, to ask questions of the witnesses presented by the administration, to present witnesses on your behalf and to present any relevant evidence or statement which you desire to offer.

If the Board of Education determines the preponderance of the evidence supports the Superintendent's recommendation and warrants your [nonrenewal/dismissal], then the Board of Education can vote to [nonreemploy/dismiss] you.

The decision of the Board of Education is final and nonappealable.

This notice with the accompanying recommendation is sent at the direction of the Board of Education.

Yours very truly,

Clerk of the Board of Education

[POST HEARING NOTICE LETTER]

[School District Letterhead]

[DATE]

[name]
[address]

Re: Notice that Nonreemployment [Dismissal From Employment] has been Approved by the Board of Education.

Dear [Mr. or Ms.] _____:

On _____, 20____, the Board of Education of the _____ School District, meeting in (regular/ special) session and having heard and duly considered all matters required by law to be considered, voted to [immediately dismiss you from your employment as a teacher with the School District] [not renew your teaching contract for the ___ school year]. The specific cause and underlying facts for your nonrenewal [dismissal] which serve as the basis for the Board's decision are set forth in the attached motion adopted by the Board.

[FOR CAREER TEACHERS ONLY:]

[Pursuant to applicable law, you are entitled to a trial de novo in the district court of the county in which this school district is deemed by law to be located. If you wish to exercise your right to such a trial, you MUST within ten (10) days of the receipt of this notice, file a petition with the District Court Clerk of this county. If you fail to file a petition within the ten (10) day period, you will be deemed to have waived your right to a trial de novo and the decision by the Board of Education of nonreemployment [dismissal] shall become final and non-appealable. If you file a petition, the trial shall proceed pursuant to statutory provisions.]

[FOR PROBATIONARY TEACHERS ONLY:]

[The decision of the Board of Education is final and non-appealable.]

Sincerely yours,

Superintendent of Schools

**[TO BE MAILED BY CERTIFIED MAIL,
RESTRICTED DELIVERY, WITH RETURN RECEIPT REQUESTED
AND A COPY HAND DELIVERED TO TEACHER, IF POSSIBLE]**

**NOTICE TO SUPPORT EMPLOYEE OF
SUSPENSION WITHOUT PAY, DEMOTION OR TERMINATION**

TO: _____

On the ____ day of _____, 20____, an initial hearing was held concerning your employment status. This will notify you of: [Mark the Applicable Item]

- A. Suspension Without Pay as a Disciplinary Measure.

You have been suspended from your employment without pay and other benefits as a disciplinary measure from _____, 20____, to _____, 20____.

- B. Demotion Action.

You have been demoted from _____ to _____, with appropriate reduction in pay and other benefits, effective _____, 20____.

- C. Termination Action.

You have been terminated, effective as of _____, 20____.

The above action has been taken for the following cause or causes:

You are entitled by law to a hearing before the Board of Education on this action. If you desire to exercise this right, you must notify the Board of Education in writing within ten (10) working days of the postmark on the envelope in which this notice is sent. FAILURE TO REQUEST A HEARING WITHIN THE ABOVE TIME WILL RESULT IN THE LOSS OF YOUR RIGHT TO A HEARING. ENCLOSED FOR YOUR CONVENIENCE IS A HEARING REQUEST FORM. IF YOU DESIRE A HEARING ON THE ABOVE ACTION, THE ENCLOSED HEARING REQUEST FORM SHOULD BE DELIVERED TO THE CLERK OF THE BOARD OF EDUCATION AT THE PONCA CITY SCHOOL DISTRICT, 111 W. GRAND AVENUE,

PONCA CITY, OKLAHOMA, 74601-5211, OR MAILED BY CERTIFIED MAIL TO THE SAME PERSON AT THE PONCA CITY SCHOOL DISTRICT, 111 W. GRAND AVENUE, PONCA CITY, OKLAHOMA, 74601-5211.

If you request a hearing you will be notified in writing of the date, time and place of the hearing. The hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least 10 days prior to the next, or the next succeeding regularly scheduled Board of Education meeting. However, you have the right to request a special board meeting to conduct the hearing, which special meeting will be held no earlier than 10 days nor later than 30 days after receipt of your hearing request.

You have the following hearing rights: the right to be present in person; the right to be represented by counsel of your choice; the right to present evidence and witnesses on your behalf; and the right to confront and cross-examine witnesses on behalf of the school administration. The Board of Education at the hearing may affirm, modify or reverse the above action and may increase or decrease the severity of the above action. The decision of the Board of Education will be final.

Yours very truly,

Superintendent of Schools

Enclosure: Hearing Request Form

[DATE]

[NAME OF EMPLOYEE]

[ADDRESS]

Re: Notice to Support Employee of Proposed Nonreemployment

Dear Mr./Ms. _____:

This is to advise you that the Board of Education intends to consider and act on whether you should not be reemployed with the School District for the 2004-2005 fiscal year. The cause for your possible nonreemployment is as follows:

You are entitled by law to a hearing before the Board of Education on this proposed action. If you desire to exercise this right, you must notify the Board of Education in writing within ten (10) WORKING days of the postmark on the envelope in which this notice is sent. FAILURE TO REQUEST A HEARING WITHIN THE ABOVE TIME WILL RESULT IN THE LOSS OF YOUR RIGHT TO A HEARING. ENCLOSED FOR YOUR CONVENIENCE IS A HEARING REQUEST FORM. IF YOU DESIRE A HEARING ON THE ABOVE PROPOSED ACTION, THE ENCLOSED HEARING REQUEST FORM SHOULD BE DELIVERED TO THE CLERK OF THE BOARD OF EDUCATION AT THE PONCA CITY SCHOOL DISTRICT, 111 W. GRAND AVENUE, PONCA CITY, OKLAHOMA, 74601-5211, OR MAILED BY CERTIFIED MAIL TO THE SAME PERSON AT THE PONCA CITY SCHOOL DISTRICT, PONCA CITY, OKLAHOMA, 74601-5211.

If you request a hearing you will be notified in writing of the date, time and place of the hearing. The hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least 10 days prior to the next, or the next succeeding regularly scheduled Board of Education meeting or at a special meeting called by the Board, at the Board's discretion. However, you have the right to request a special board meeting to conduct the hearing, which special meeting will be held no earlier than 10 days nor later than 30 days after receipt of your hearing request.

You have the following hearing rights: the right to be present in person; the right to be represented by counsel of your choice; the right to present evidence and witnesses on your behalf; and the right to confront and cross-examine witnesses on behalf of the school administration. At the conclusion of the hearing, the Board of Education will vote to reemploy

or nonreemploy you for the ensuing fiscal year. The decision of the Board of Education is final and nonappealable.

Yours very truly,

Superintendent of Schools

Enclosure: Hearing Request Form

[TO BE SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED,
RESTRICTED DELIVERY]

HEARING REQUEST FORM

TO: Clerk of Board of Education

I hereby request a hearing before the Board of Education on the ___ suspension without pay as a disciplinary measure ___ demotion ___ termination action ___ proposed nonreemployment concerning my employment. I acknowledge receipt of the Notice dated _____, 20___, concerning such action. I understand that the hearing will be conducted at the next, or next succeeding, regularly scheduled meeting of the Board of Education if the hearing request is received at least 10 days prior to the next, or the next succeeding regularly scheduled meeting of the Board, or at a special meeting of the Board, at the Board's discretion, unless I check the item below requesting a special meeting of the Board of Education.

I request a special meeting of the Board of Education, to be held no earlier than 10 days nor later than 30 days after receipt of this hearing request.

Support Employee

Date

FORMS FOR

SECTION VII

STUDENTS

ATTACHMENT “A”
APPLICATION FORM

Completion of this form is required of each applicant for a transfer in order to apply the criteria of this policy. Failure to fully and truthfully complete and timely submit this form to the District will result in a denial of the transfer. Completion of this form will be in addition to completion of any form required by the State Board of Education.

1. Full name of student as it appears on the student’s birth certificate:
2. Date of student’s birth:
3. Current address of student:
4. Full names of parent, guardian, or custodian of the student:
5. Educational history of the student:
 - A. School district in which student currently resides:
 - B. School in which the student is currently enrolled, if different from above.
 - C. If the student has not exclusively attended the school district in which the student is currently enrolled, list the name of each school district and addresses, if known, in which student has ever been enrolled:

School:
Dates of Attendance:
Grade Completed Upon Leaving District:

6. Current or last completed grade of student:
7. Grade in which the student desires to enroll:
 1. Courses in which the student desires to enroll in each semester in the coming school year:
8. Has the student a disciplinary record for violating school regulations?

Yes No

If Yes: State school(s) in which each violation occurred and approximate date(s) of violation(s):

2. Has the student ever been suspended from school or placed in an alternative education program or setting for disciplinary reasons?

Yes No

If Yes: For each suspension and alternative program or setting, state the school which suspended or placed the student, the nature of the offense, and approximate date of the suspension or placement, if different from above.

3. Has the student been adjudicated as a delinquent for an offense that is not a violent offense under relevant Oklahoma law?

Yes No

If Yes: State the name of the court making the adjudication, the time of such adjudication, the nature of offense, whether the student is still under any court supervision, and, if so, the name of the person overseeing such supervision:

4. Has the student been adjudicated as a delinquent for an offense that is a violent offense under relevant Oklahoma law?

Yes No

If Yes: Name the court making the adjudication, the time of such adjudication, the nature of offense, whether the student is still under any court supervision, and, if so, the name of the person overseeing such supervision:

5. Has the student been convicted as an adult for an offense defined in relevant Oklahoma law as an exception to a nonviolent offense?

Yes No

If Yes: State the name of the court in which the conviction was entered, the time of the conviction, the nature of the offense, the sentence imposed, whether the student is still under any court supervision, and, if so, the name of the parole officer or other supervisor:

6. Has the student been convicted as an adult for an offense defined in relevant Oklahoma law as a violent offense?

Yes No

If Yes: State the name of the court in which the conviction was entered, the time of the conviction, the nature of the offense, the sentence imposed, whether the student is still under any court supervision, and, if so, the name of the parole officer or other supervisor:

7. Has the student committed on school property, in school transportation, or at a school event a violent act or an act showing deliberate or reckless disregard for the health or safety of faculty or others?

Yes No

If yes: State the district attended when the act occurred, the approximate date of the act, and describe what occurred.

8. Has the student possessed on school property, in school transportation, or at a school event an alcoholic beverage, low-point beer as defined by relevant Oklahoma law, a wireless telecommunication device, or been involved with missing or stolen property found to have been taken from a student, school employee, or the school during school activities?

Yes No

If yes: State for each separate act, the district attended when the act occurred, the approximate date of the act, and describe what occurred.

9. Has the student possessed on school property, while in school transportation, or at a school event a dangerous weapon or a controlled dangerous substance as defined by relevant Oklahoma law?

Yes No

If yes: For each separate act, state the district attended when the act occurred, the approximate date of the act, and describe what occurred.

10. If the student has been identified as a child with a disability, this District will need to review all such records to make a reasonable determination of whether the District has the facilities, programs, staff, and space to implement the student's current or anticipated IEP, and, if preliminary approval of a transfer is made, to conduct the statutorily-required joint IEP conference with the resident district. Is the student currently, or has the student been, a child with a disability who received an Individualized Education Program?

Yes No

If yes: Briefly describe the nature of the disability, the approximate time period in which the student has been or was under an Individualized Education Program (IEP), and the names of the school districts which implemented the student's IEP:

11. Do you agree to complete the Consent For Release Of Confidential Information, State Department of Education Form 11, allowing this District to review all educational records of the student from all previous schools attended by the student:

Yes No

ATTACHMENT "B"
TRANSFER STUDENT CONSENT TO CANCELLATION OF TRANSFER

The undersigned, who is not a resident of this School District, recognizes:

1. That the undersigned student has a right by law to attend the school district of residence;
2. That the non-resident student desiring to enroll in this school district has no statutory right to attend this District;
3. That the District is not required to accept this transfer application; and,
4. That the District does not desire to accept a transfer of a student who will detract from the educational process of resident students or take the place of another transfer applicant who would not detract from that process.

The undersigned hereby agrees that if the District approves a transfer allowing the undersigned student to enroll in this School District, the administration of the District has the consent of the undersigned to cancel the transfer during the approved enrollment school year if:

5. The student fails to comply with student behavior rules set by the District, school, or teacher;
6. The parent or student 18 years of age or older fails to promptly pay financial obligations owed to the District, including payments owed, but not limited to, school lunches and for lost or destroyed school property; or,
7. The student does not have a valid excuse for failure to attend school.

The undersigned also is informed that this consent to cancellation is a necessary component for continued enrollment after transfer acceptance, and thus the consent may not be withdrawn at any time in the future.

The undersigned also understands that although the administration will notify the parent or student 18 years of age or older of any cancellation, the undersigned understands and agrees that the determination of the administration that a cancellation is to be effected will be final, that the undersigned will have no right to appeal that determination to the board of education, and that after cancellation the administration will send the educational records of the student to the student's resident school district or to such other school district as the undersigned directs.

By signing this agreement I affirm that I have read and understand the above conditions concerning acceptance of the transfer application and my consent to district authority to cancel the transfer, if granted, for the reasons stated above.

Signed this ____ day of _____, _____.

Signature of parent applying for a transfer

Signature of Student 18 Years of Age or Older

Printed name of parent

Printed name of student

STUDENT SEARCH REPORT FORM

Student searched: _____

Date of search: _____ Approximate time: _____

Person conducting the search: _____

Person witnessing the search: _____

Grounds for reasonable suspicion that the student should be searched:

What kinds of items were the object of the search: _____

What was searched (pockets, purse, wallet, coat, etc.): _____

What was found and where: _____

What was done with any items found: _____

Date: _____

Person Conducting the Search

Witness

Principal

**PONCA CITY PUBLIC SCHOOLS
NOTICE OF ADMINISTRATIVE ACTION**

TO: _____ DATE: _____

SUBJECT: _____
(Name of Student)

Please be advised that your child has violated the school district's discipline policy by:

For violating the school district's discipline policy the following action is hereby taken:

- 1. Short-term out-of-school suspension for _____ days beginning _____.
- 2. Long-term out-of-school suspension for _____ days beginning _____.
- 3. Long-term out-of-school suspension for balance of trimester.
- 4. Long-term out-of-school suspension for balance of this trimester and succeeding trimester.
- 5. Long-term out-of-school suspension for balance of this trimester and succeeding trimesters.

SHORT-TERM OUT-OF-SCHOOL SUSPENSION APPEAL

You are entitled to appeal an out-of-school suspension to the building Suspension Review Committee (SRC). If you desire review by the SRC, please advise this office in writing no later than five (5) days from the receipt of the principal's decision, and you will be promptly advised as to when the SRC meeting will be held.

LONG-TERM OUT-OF-SCHOOL SUSPENSION APPEAL

You are entitled to appeal an out-of-school suspension decision to the Superintendent and the Board of Education. If you desire an appeal to the Superintendent, please advise the Superintendent in writing no later than five (5) days from the receipt of the principal's decision, and you will be promptly advised as to when the Superintendent's conference will be held.

The student may return to school: _____.

Principal/Assistant Principal

Receipt acknowledged this _____ day of _____, 20__.

Parent or Guardian

Student

**Notice to Parents/Guardians Due Process is located on the back of this form.*

FORM A

NOTICE TO PARENTS/GUARDIANS **DUE PROCESS**

The student has:

- ✦ The opportunity to know these policies or any other school regulations or procedures;
- ✦ Been informed of the policy, rule or regulation allegedly violated;
- ✦ Sufficient opportunity to give his/her version of the alleged violation;
- ✦ The right to a conference with the principal;
- ✦ The right to appeal a suspension of ten (10) days or less to the Suspension Review Committee (SRC), and if over ten (10) days, to the Superintendent and the Board of Education

SPECIAL NOTICE: A disabled student and his or her parent/guardian are entitled to the procedural protection of Section 504 and/or IDEA-B before the student's placement is changed for disciplinary reasons.

APPEAL

The student suspended out of school shall have the right to appeal the principal's suspension action by following the procedures outlined below:

IF THE OUT-OF-SCHOOL SUSPENSION IS FOR TEN (10) DAYS OR LESS (SHORT-TERM)

- ✦ A student who has been given a short-term out-of-school suspension and the student's parent/guardian have the right to appeal the out-of-school suspension decision to a building SRC.
- ✦ Within five (5) days from the date the principal's decision is received by the parent/guardian or student, the student or the student's parent/guardian may request, in writing, a review by the building SRC. The SRC is composed of teachers and/or administrators.
- ✦ The SRC will meet to review the suspension action as soon as possible. The principal will notify the student's parent/guardian of the date, time and place of the hearing not less than 24 hours in advance of the hearing.
- ✦ The student and the student's parent/guardian will have a right to be present at the hearing and to present evidence and witnesses to support their position. Either party wishing to have legal counsel present must give the other party 24 hours advance notice or he/she may not have counsel present. The SRC will determine the guilt or innocence of the student and the reasonableness of the term of the out-of-school suspension.
- ✦ The SRC will sustain, rescind, or modify the out-of-school suspension action. **THE DECISION OF THE SRC WILL BE FINAL AND NONAPPEALABLE.**

IF THE OUT-OF-SCHOOL SUSPENSION IS FOR MORE THAN TEN (10) DAYS (LONG-TERM)

- ✦ A student and/or parent/guardian may appeal the out-of-school suspension decision of the principal to the Superintendent of Schools and the Board of Education.
- ✦ Within five (5) days from the date the principal's decision is received by the parent/guardian or student, the student's parent/guardian may request, in writing, a review of the out-of-school suspension by the Superintendent.
- ✦ The Superintendent will schedule a hearing as soon as possible, notify the parent/guardian of the date, time and place of the hearing at least 24 hours prior to the hearing and notify the parent/guardian that they and the student have a right to be present at the hearing.
- ✦ The Superintendent will review the facts, determine the guilt or innocence of the student, the reasonableness of the term of the suspension and decide to sustain, rescind, or to modify the out-of-school suspension. The Superintendent will notify the student's parent/guardian of the decision at the conclusion of the hearing.
- ✦ If the student and/or parent/guardian is not satisfied with the action of the Superintendent, the student and/or parent/guardian may appeal that decision to the Board of Education by written notice to the Superintendent or Board Clerk within five (5) days after the Superintendent's decision. The student and/or parent/guardian will be notified in writing of the date, time and place of the Board of Education hearing at least 24 hours prior to the hearing. The student and the student's parent/guardian will have a right to be present in person at the hearing. Both the administration and the student or student's parent/guardian will have the right to present evidence and witnesses to support their position and to be represented by legal counsel. The Board of Education will determine the guilt or innocence of the student and the reasonableness of the term of the out-of-school suspension. The Board will sustain, rescind or modify the out-of-school suspension action. **THE DECISION OF THE BOARD OF EDUCATION WILL BE FINAL AND NONAPPEALABLE.**

All appeal hearings are based on the following criteria:

- ✦ Is the student guilty or innocent of a violation of a school rule, policy, or regulation?
- ✦ Is the term of the out-of-school suspension reasonable and in keeping with the severity of the infraction?

SPECIAL NOTICE: Students who are disabled and are subject to out-of-school suspension will be afforded the same treatment as provided to students who are not disabled in accordance with Section 504 and its implementing regulations at 24 C.F.R. § 104.4(a), (b) (1) (vii). Specifically, suspension and appeal procedures will be the same as for students who are disabled. These procedures could be altered if the administration makes a determination that the student will be a danger to other students, staff, or school property, or would substantially interfere with the educational process at the school.

PONCA CITY PUBLIC SCHOOLS

PRINCIPAL'S MEMORANDUM

Re: Student Conference

Student: _____

Date and Time of Conference: _____

Persons Present: _____

Policy, Rule, or Regulation Violated: _____

Summary of Conduct: _____

Student's Response: _____

Decision (set forth length of suspension and beginning date): _____

Factors considered in decision: _____

Date

Signature

PONCA CITY PUBLIC SCHOOLS

**INDIVIDUALIZED PLAN
FOR
OUT-OF-SCHOOL SUSPENSION**

(To be used for out-of-school suspensions in excess of five (5) school days that do not involve possession of a dangerous weapon or controlled dangerous substance.)

TO: _____
(Name of Parent or Guardian)

DATE: _____

SUBJECT: _____
(Name of Student)

The named student has been suspended out of school in compliance with the policy of the Ponca City Public Schools. Because of the out-of-school suspension, the student has been placed in a home-based school work assignment setting or another appropriate work assignment setting. This Plan will provide for the core units in which the student is enrolled. Under state law, core units consist of the minimum English, mathematics, science, social studies and art units required by the Oklahoma State Department of Education for grade completion in grades kindergarten through eight and for high school graduation in grades nine through twelve. As the student's parent or guardian, you are responsible for providing him/her with and placing him/her in a supervised, structured environment. You also bear the responsibility for monitoring the student's educational progress until he/she returns to school.

The following Plan will be in effect from _____, 20__ through _____, 20__.

(Use additional pages if necessary.)

All assigned work completed and returned according to this Plan will be graded for full credit, and no absences will be charged to the student's attendance record. The student's failure to comply with this Plan by not completing and returning all assigned school work according to this Plan will result in a grade of 0 for each such assignment.

Principal

Receipt acknowledged this _____ day of _____, 20__.

Student

Parent or Guardian

Form C

PONCA CITY PUBLIC SCHOOLS

**NOTICE OF ADMINISTRATIVE ACTION
PURSUANT TO SUSPENSION CONFERENCE WITH PRINCIPAL**

(For Out-of-School Suspensions of 10 Days or Less)

TO: _____
(Name of Parent or Guardian)

DATE: _____

SUBJECT: _____
(Name of Student)

Please be advised that pursuant to a suspension conference held this date between the principal, you, and your child, who was previously charged with:

the following action is hereby taken¹:

- 1. No action.
- 2. Out-of-school suspension for _____ days beginning _____
- 3. Other (describe) _____

You are entitled to appeal the principal's out-of-school suspension decision to the building Suspension Review Committee (SRC). If you desire review by the SRC, please advise this office in writing no later than five (5) days from the receipt of the principal's decision, and you will be promptly advised as to when the SRC meeting will be held.

Principal

Receipt acknowledged this _____ day of _____, 20__.

Parent or Guardian

Student

PONCA CITY PUBLIC SCHOOLS

NOTICE OF ADMINISTRATIVE ACTION
PURSUANT TO SUSPENSION CONFERENCE WITH PRINCIPAL

(For Out-of-School Suspensions of More Than 10 Days)

TO: _____ DATE: _____
(Name of Parent or Guardian)

SUBJECT: _____
(Name of Student)

Please be advised that pursuant to a suspension conference held this date between the principal, you, and your child, who was previously charged with:

the following action is hereby taken²:

- 1. No action
 - 2. Out-of-school suspension for _____ days beginning _____
 - 3. Out-of-school suspension for balance of this semester
 - 4. Out-of-school suspension for balance of this semester and succeeding semester
 - 5. Other (describe) _____
- _____

You are entitled to appeal the principal's out-of-school suspension decision to the Superintendent and the Board of Education. If you desire an appeal to the Superintendent, please advise the Superintendent in writing no later than five (5) days from the receipt of the principal's decision, and you will be promptly advised as to when the Superintendent's conference will be held.

Principal

Receipt acknowledged this ____ day of _____, 20__.

Parent or Guardian

Student

PONCA CITY PUBLIC SCHOOLS

**NOTICE OF SUSPENSION REVIEW
COMMITTEE MEETING**

TO: _____ DATE: _____
(Name of Parent or Guardian)

SUBJECT: _____
(Name of Student)

Please be advised that a meeting of the Suspension Review Committee has been scheduled for the _____ day of _____, 20__, at _____ .m. at _____.

You have previously been furnished with a copy of your appeal rights.

Please contact me if you have any questions.

Principal

PONCA CITY PUBLIC SCHOOLS

NOTICE OF SUPERINTENDENT'S CONFERENCE

TO: _____
(Name of Parent or Guardian)

SUBJECT: _____
(Name of Student)

DATE: _____

Please be advised that a conference before the Superintendent has been scheduled for the ____ day of _____, 20__, at _____, ____m. in the Superintendent's office.

If the Superintendent's decision is adverse to you, you are advised that pursuant to Title 70, Section 24-101.3 of the Oklahoma Statutes, as amended, and School District policy, you are entitled to a hearing before the Board of Education. You have previously been furnished with a copy of your appeal rights.

Please contact me if you have any questions.

Superintendent

PONCA CITY PUBLIC SCHOOLS

SUSPENSION REVIEW COMMITTEE'S MEMORANDUM

Re: Appeal Conference

Student: _____

Date and Time of Conference: _____

Persons Present: _____

Policy, Rule, or Regulation Violated: _____

Summary of Conduct: _____

Student's Response: _____

Decision (if student is to be suspended, set forth length of suspension and beginning date): _____

Factors considered in decision: _____

Date

Signature

PONCA CITY PUBLIC SCHOOLS
SUPERINTENDENT'S MEMORANDUM

Re: Appeal Conference

Student: _____

Date and Time of Conference: _____

Persons Present: _____

Policy, Rule, or Regulation Violated: _____

Summary of Conduct: _____

Student's Response: _____

Decision (if student is to be suspended, set forth length of suspension and beginning date): _____

Factors considered in decision: _____

Date

Signature

PONCA CITY PUBLIC SCHOOLS

**NOTICE OF SUPERINTENDENT'S ACTION
PURSUANT TO APPEAL TO SUPERINTENDENT**

TO: _____ DATE: _____
(Name of Parent or Guardian)

SUBJECT: _____
(Name of Student)

Please be advised that pursuant to the appeal conference before the Superintendent the following action is hereby taken³:

- 1. No action
- 2. Out-of-school suspension for _____ days beginning _____
- 3. Out-of-school suspension for balance of this semester
- 4. Out-of-school suspension for balance of this semester and succeeding semester
- 5. Other (describe) _____

You have previously been advised of the reason(s) for the out-of-school suspension. Further, you are advised that pursuant to Title 70, Section 24-101.3 of the Oklahoma Statutes, as amended, and School District policy, you are entitled to a hearing before the Board of Education, if the Superintendent's action is adverse to you. If you desire a hearing, please notify this office or the Clerk of the Board in writing within five (5) days of your receipt of the Superintendent's decision.

Superintendent

Receipt acknowledged this ____ day of _____, 20__.

Parent or Guardian

Student

PONCA CITY PUBLIC SCHOOLS

**NOTICE OF OUT-OF-SCHOOL SUSPENSION HEARING
BEFORE THE BOARD OF EDUCATION**

TO: _____
(Name of Parent or Guardian)

SUBJECT: _____
(Name of Student)

DATE: _____

Please be advised that pursuant to your request as received by the Superintendent or the Clerk of the Board of Education, a hearing before the Board of Education has been set for .m. on the ____ day of _____, 20____, in the Board conference room, at which time evidence will be heard and a final determination rendered as to the action taken by the administration of this school.

Please contact me if you have questions.

Superintendent

PONCA CITY PUBLIC SCHOOLS

**WAIVER OF REVIEW OF THE
OUT-OF-SCHOOL SUSPENSION DECISION**

(Select Proper Paragraph)

- I agree with the principal's decision to suspend my child out of school. I understand that I have the right to appeal the principal's decision to the Suspension Review Committee (for an out-of-school suspension of ten days or less) or to the Superintendent and ultimately the Board of Education (for an out-of-school suspension of more than ten days). I hereby waive my right to appeal review of the decision.

Parent/Guardian Signature

Student's Name

Date

- I agree with the Superintendent's decision to uphold the suspension of my child from school. I understand that I have the right to appeal the Superintendent's decision to the Board of Education. I hereby waive my right to appeal review of the decision.

Parent/Guardian Signature

Student's Name

Date

SECTION 504 ELIGIBILITY DETERMINATION

Name _____ DOB _____ Grade _____

School _____ Date of Meeting _____

1. Why is the team considering this student for 504 eligibility? _____

Does this student have (A) a documented physical or mental impairment (B) that substantially limits one or more major life activities?

(A) Does this student have a documented physical or mental impairment?

A "physical impairment" means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitourinary; hemic and lymphatic; skin; and endocrine.

A "mental impairment" means any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

Yes ___ No ___ If the answer is yes, identify the impairment:

(B) Does the physical or mental impairment substantially limit one or more major life activities of the student?

Yes ___ No ___ If the answer is yes, identify the activity(ies):

Walking _____	Performing manual tasks _____	Talking _____
Hearing _____	Seeing _____	Learning _____
Working _____	Caring for self _____	Speaking _____
		Other _____

3. Identify the documentation and rationale supporting the team's determination in 2(A) and (B):

If the answers to 2(A) and (B) are yes, the student is a qualified individual with a disability under Section 504, and the team will prepare an "Accommodation Plan" for the student.

If the answer to either 2(A) or (B) is no, the student is not a qualified individual with a disability under Section 504.

Participants (Name and Position):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The participants should include persons knowledgeable about the child, the meaning of the evaluation data the team used to make its determination and placement options.

cc: Student's Confidential File
Parent

SECTION 504 ACCOMMODATION PLAN

Name _____ DOB _____ Grade _____

School _____ Date of Meeting _____

Areas of Need	Educational Services, Related Services, Supplementary Aids and Services and Accommodations	Results/Status of Review

Beginning Date: _____ Ending Date: _____

Describe location of services if other than the regular classroom setting and reason(s) why services cannot be delivered satisfactorily with the use of supplementary aids and services:

Comments, including date of annual review:

Participant Signatures	Position/Title	Date

I have been informed and received notice of this plan and have received a copy of the Section 504 Information and Procedural Safeguards notice.

Parent/Guardian Signature _____ Date _____

cc: Student's Confidential File
Parent

SECTION 504 INFORMATION AND PROCEDURAL SAFEGUARDS

Section 504 of the Rehabilitation Act of 1973 requires that:

“No otherwise qualified individual with a disability in the United States . . . shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. . .”

Section 504 applies to preschool, elementary, secondary, and adult education programs and activities that receive or benefit from Federal financial assistance for the operation of such programs or activities. Each recipient that operates a federally assisted public elementary or secondary education program must provide a free and appropriate public education to each qualified person in its jurisdiction, regardless of the nature or severity of the person’s disability. Recipients that operate a public elementary or secondary education program must also annually attempt to identify and locate unserved children with disabilities.

Section 504 regulations at 34 C.F.R. § 104.3 (j-1) define a person with a disability as any person who: has a physical or mental impairment which limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

For purposes of public educational services, a qualified person with a disability is: of an age that persons with disabilities are provided such services; of any age that it is mandatory under state law to provide such services to persons with disabilities; or a person for whom a state is required to provide a free appropriate public education under the Individuals with Disabilities Education Act (IDEA).

Provision of an appropriate education is the provision of regular or special education and related services such that:

*Educational services are designed to meet individual educational needs of children with disabilities as adequately as the needs of non disabled persons are met.

*Each child with a disability is educated with non disabled children, to the maximum extent appropriate to the needs of the child with a disability.

*Nondiscriminatory evaluation and placement procedures are established to guard against misclassification or misplacement of parents, and a periodic reevaluation is conducted of students who have been provided special education or related services.

Procedural safeguards shall be established and implemented so that parents and guardians: receive notice with respect to actions regarding the identification, evaluation, or educational placement of children who, because of a disability, need or are believed to need special instruction or related services; have the opportunity to review relevant records; may challenge the identification, evaluation and placement decisions made with respect to their children; and have the opportunity to participate and be represented by counsel in any subsequent impartial hearing and review procedures.

Provision of a free public education requires recipients that operate a public elementary or secondary education program to provide services without cost to the person with a disability, or to the child’s parents or guardians, except for those fees imposed on non disabled persons, parents or guardians. It also means that, if a school district is unable to provide a child with a disability with an appropriate education and places or refers that child to a program it does not operate, the district is still responsible for the costs of the program including tuition, room and board, transportation, and non medical care.

An appropriate education could consist of education in regular classes, education in regular classes with the use of supplementary services, or special education and related services. Special education may include specially designed instruction in classrooms, at home, or in private or public institutions, and may be accompanied by such related services and developmental, corrective, and other supportive services, including psychological counseling and medical diagnostic services.

Children with disabilities must also be afforded an equal opportunity to participate in non academic and extracurricular services and activities such as counseling, physical education, recreational athletics, transportation, health services, recipient sponsored clubs, recipient employment and assistance in obtaining employment. These services must be provided by the recipient in such manner as is necessary to afford students with disabilities an equal opportunity for participation.

Elementary and secondary school recipients operating preschool and adult education programs may not exclude qualified persons with disabilities and must take into account their needs in determining the aid, benefits, or services to be provided under these programs or activities.

The Office for Civil Rights of the United States Department of Education enforces the requirements of Section 504 of the Rehabilitation Act of 1973. The address of the Regional Office which includes Oklahoma is: Office for Civil Rights, Region VII, 8930 Ward Parkway, Suite 2037, Kansas City, Missouri 64114.

Adapted from the Rights of Individuals with Handicaps Under Federal Law: Information for Those Who Have Rights and Responsibilities Under Section 504 of the Rehabilitation Act of 1973, a publication of the United States Department of Education, Office of Civil Rights.

Child: _____ Birthdate: _____

Grade: _____ Date of Review: _____

District/Agency: _____ Building/Site: _____

CONSIDERATION FOR EXTENDED SCHOOL YEAR (ESY) SERVICES

34 CFR § 300.309 *Extended school year services.*

(a) *General.*

(1) *Each public agency shall ensure that extended school year services are available as necessary to provide FAPE, consistent with paragraph (a)(2) of this section.*

(2) *Extended school year services, must be provided only if a child's IEP team determines, on an individual basis, in accordance with §§ 300.340-300.350, that the services are necessary for the provision of FAPE to the child.*

(3) *In implementing the requirements of this section, a public agency may not –*

(i) *Limit extended school year services to particular categories of disability; or*

(ii) *Unilaterally limit the type, amount, or duration of those services.*

(b) *Definition. As used in this section, the term extended school year services means special education and related services that –*

(1) *Are provided to a child with a disability –*

(i) *Beyond the normal school year of the public agency;*

(ii) *In accordance with the child's IEP; and*

(iii) *At no cost to the parents of the child; and*

(2) *Meet the standards of the SEA.*

The following information may be completed by the IEP team during the annual IEP review or any time the need for ESY services is being considered by the IEP team to ensure a free appropriate public education (FAPE). Documentation should be considered and maintained in the child's individual special education records.

1. Skill areas and annual goals being considered:

a. List/explain:

2. Degree of the impairment:

a. Degree of impairment: Mild Moderate Severe

Describe/explain:

3. Degree of regression and the time necessary for recoupment of skills:

- a. Documented degree of regression in the past:

Documentation source/basis:

Documentation not available

- b. Documented amount of time required for recoupment of skills in the past:

Documentation source/basis:

Documentation not available

- c. Predicted degree of regression during interruption of child's educational program (such as school breaks):

- d. Predicted amount of time required for recoupment at the beginning of each school year if this child does not receive ESY services:

4. The ability of the child's parents to provide educational structure at home:

Information/Comments:

5. The child's rate of progress:

Information/data reviewed:

Comments on IEP annual goals and progress:

6. Describe any behavioral problems:

7. Describe physical problems which the child has:

8. Availability of alternative resources for this child:

9. The ability of the child to interact with nondisabled children:

Comments on IEP determination for least restrictive environment:

10. Area(s) in curriculum which require continuous attention for the child:

11. Child's vocational needs:

12. Whether requested service(s) is "extraordinary" for this child's disability, as opposed to an integral part of a program for those with the child's disability:

Yes No

13. Other relevant factors as determined by the IEP team:

Additional information or comments:

The IEP team has determined ESY services are necessary for the provision of FAPE to this child.

*Yes No

*The IEP annual goals and benchmarks or short-term objectives requiring ESY service(s) are determined by the IEP team in accordance with 34 CFR §§ 300.340 – 300.350. The type, amount and duration of ESY services will be determined by the IEP team on an individual basis and not based on particular categories of disability.

IEP TEAM MEMBERS PARTICIPATING IN REVIEW OF EXISTING DATA FOR ESY:

Parent(s)	Date
-----------	------

Student (as required)	Date
-----------------------	------

Special Education Teacher	Date
---------------------------	------

Regular Education Teacher	Date
---------------------------	------

Administrative Representative	Date
-------------------------------	------

Related Service Provider(s) (as appropriate)	Date
--	------

Others (indicate name and title)	Date
----------------------------------	------

PONCA CITY SCHOOL DISTRICT
NOTIFICATION OF RIGHTS UNDER FERPA

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. They are:

1. The right to inspect and review the student's education records within 45 days of the day the School District receives a request for access.

Parents or eligible students should submit to the school principal (or appropriate school official) a written request that identifies the record(s) they wish to inspect. The principal will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading or in violation of student rights.

Parents or eligible students may ask the School District to amend a record that they believe is inaccurate or misleading. They should write the school principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading or in violation of student rights.

If the School District decides not to amend the record as requested by the parent or eligible student, the School District will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception which permits disclosure without consent is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student participating in a school service program or serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School District discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. (NOTE: FERPA requires a school district to make a reasonable attempt to notify the student of records request unless it states in its annual notification that it intends to forward records on request.

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District 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, D.C. 20202-4605

DIRECTORY INFORMATION NOTICE

The Family Educational Rights and Privacy Act requires that the School District, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, the School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the School District to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws required local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

The School District has designated the following information as "directory information," and it will disclose that information without prior written consent:

- The student's name;
- The names of the student's parents;
- The student's address;
- The student's telephone listing;
- The student's electronic mail address;
- The student's date and place of birth;
- The student's dates of attendance;
- The student's grade level (i.e., first grade, tenth grade, etc.);
- The student's participation in officially recognized activities and sports;
- The student's degrees, honors and awards received;
- The student's weight and height, if a member of an athletic team;
- The student's photograph; and
- The most recent educational agency or institution attended.

Within the first three weeks of each school year, the School District will publish in a newspaper of general circulation in the area the above list or a revised list of the items of

directory information it proposes to designate as directory information. For students enrolling after the notice is published, the list will be given to the student's parent or the eligible student at the time and place of enrollment.

After the parents or eligible students have been notified, they will have two weeks to advise the School District in writing (a letter to the Superintendent of Schools' office) of any or all of the items they refuse to permit the School District to designate as directory information about that student.

At the end of the two-week period, each student's records will be appropriately marked by the records custodian to indicate the items the School District will designate as directory information about that student. This designation will remain in effect until it is modified by the written direction of the student's parent or the eligible student.

**Ponca City School District
Student Extracurricular Activities Contract**

Statement of Purpose and Intent:

Participation in school sponsored extracurricular activities at the Ponca City School District is a privilege and not a right. Such privilege is governed by the attached Ponca City School District Policy on Student Possession or Use of Alcohol, Tobacco and Illegal Drugs and Participation in Extracurricular Activities (the "Policy"). Alcohol, tobacco and illegal drug use of any kind is incompatible with participation in extracurricular activities on behalf of the Ponca City School District. Students who participate in these activities are respected by the student body and are expected to hold themselves as good examples of conduct, sportsmanship and training. Accordingly, student extracurricular activity participants carry a responsibility to themselves, their fellow students, their parents and their school to set the highest possible examples of conduct, which includes avoiding the use or possession of alcohol, tobacco or illegal drugs.

Participation in Extracurricular Activities:

For the safety, health and well-being of the students of the Ponca City School District, the Ponca City School District has adopted the attached Policy and this Student Extracurricular Activities Contract (the "Contract") which shall be read, signed and dated by the student participant, parent or custodial guardian and coach/sponsor before such student participant shall be eligible to practice or participate in any extracurricular activity. No student shall be allowed to practice or participate in any extracurricular activity unless the student has returned the properly signed Contract.

Student's Last Name	First Name	Middle Initial	Student ID Number
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I understand after having read the Policy and this Contract that, out of care for my safety and health, the Ponca City School District enforces the rules applying to the consumption or possession of alcohol, tobacco, and/or illegal drugs. As a member of a public school organization, I realize that the personal decision that I make daily in regard to the consumption or possession of alcohol, tobacco and/or illegal drugs may affect my health and well-being as well as the possible endangerment of those around me and reflect upon any organization with which I am associated. If I choose to use or possess alcohol, tobacco and/or other illegal drugs any time during the school year, I understand upon determination of that violation I will be subject to the restrictions of my participation as outlined in the Policy.

Signature of Student	Date
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We have read and understand the Policy and this Contract. We desire that the student named above participate in the extracurricular activity programs of the Ponca City School District and we hereby agree to abide by all provisions of the Ponca City School District's Policy.

Signature of Parent or Custodial Guardian	Date
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BELOW PLEASE OBTAIN THE SIGNATURES OF ALL COACHES/SPONSORS FOR EXTRACURRICULAR ACTIVITIES/TEAMS/ORGANIZATIONS IN WHICH YOU ARE INVOLVED:

Signature of Sponsor or Coach	Activity/Team/Organization
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