ACQUIRED IMMUNE DEFICIENCY SYNDROME (REGULATION)

In accordance with the policy of the Board of Education, this regulation shall govern the placement of students infected with the Human Immunodeficiency Virus (HIV) which can result in Acquired Immune Deficiency Syndrome (AIDS), and its related illnesses.

The knowledge that a student of this school district is afflicted with AIDS may arise from different sources. If a student or the student's parents or guardian advises a member of the staff that the student has AIDS or is suspected of having AIDS, the staff member will report that information immediately to the Superintendent.

If the student or any person other than a student's parents or guardian reports that a student has or is suspected of having AIDS, the Superintendent will meet with the student's parents or guardian as soon as possible. The Superintendent will determine if the parents/guardian have knowledge of the student’s infection and, if not, whether further medical examination is desired. If the Superintendent confirms that the student is infected with AIDS, the Superintendent will report the student's illness to the Oklahoma Department of Public Health.

When a student is confirmed as being infected with AIDS, the Superintendent will discuss the educational options of the student with a Health Review Committee composed of the parents, the student's physician, state health department personnel, state department of education personnel, and school personnel. School personnel may include the Superintendent or the Superintendent's designee, the counselor, and, for elementary students, the home room or grade teacher. The Health Review Committee shall make recommendations for educational placement after weighing the risks and benefits to both the infected child and to others in the educational setting. If the Health Review Committee determines that the condition of the student warrants the child being classified as a "handicapped child" in need of special education and related services under P.L. 94-142, then the district shall convene a Special Education Placement team to devise an Individual Educational Placement for the child.

The Health Review Committee will determine if the student's health poses an immediate and present danger to the student, the school staff, or other students if the infected student is placed in a regular classroom environment. If the Health Review Committee determines that such a danger is present, the Superintendent will offer homebound instruction to the student under the school's homebound instruction program. A student with AIDS may be temporarily removed from the classroom by the school Superintendent if and when communicable diseases are occurring in the school population in order to protect the infected student from extraordinary risk.
If the Health Review Committee determines that the student's health does not pose an immediate danger to the student, school staff, or other students, the Health Review Committee will be requested to conduct a monthly evaluation of the infected student's progress or a more frequent evaluation as circumstances warrant.
OPEN TRANSFER POLICY

APPLICATION FORM A

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. Has the student applied for any other school transfers? Yes _____ No _____
   If yes: Attach a written explanation of all other transfers for which student applied including the schools to which transfer was sought, the dates of transfer requests, and whether transfers were approved or denied.
6. 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:
7. Current or last completed grade of student:
8. Grade in which the student desires to enroll:
9. Courses in which the student desires to enroll in each semester in the coming school year:
10. 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):
11. 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.
12. 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:

13. 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:

14. 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:

15. 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:

16. 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.

17. 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, an unauthorized 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 the district attended when the act occurred, the approximate date of the act, and describe what occurred.

18. 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.

19. 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:

20. 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: ___
530. OPEN TRANSFER POLICY

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:

1. The student fails to comply with student behavior rules set by the District, school, or teacher;
2. 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,
3. 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

__________________________________
Printed name of parent

__________________________________
Signature of Student 18 Years of Age or Older

__________________________________
Printed name of student
SAPULPA 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
540.1 POLICY REVIEW PROCEDURE - SHORT-TERM SUSPENSIONS

___________ SCHOOL

1. Select 3-5 members based on the case to be heard. Do not select teachers of the student if possible.

2. Arrange the room so that the parents are at one end of the table, you at the other end, teachers on the sides, secretary and school person by you.

3. Introduce all members of the committee as well as all other people in the room. Note which members are voting members.

4. If the parents bring an attorney, advise him that he may participate in the hearing.

5. Call the committee to order and tell them why they are there. Read the suspension notice to the committee.

6. SET THE GROUND RULES:

   I. Committee will hear information based on:
      A. Is the student guilty of a rule violation?
      B. Is the penalty in keeping with the severity of the infraction?

   II. A. Committee will hear the information from the school which led to the suspension recommendation.
        B. Committee will ask questions of school presenter.
        C. Student will present his side to the committee.
        D. Committee will ask questions of the student.
        E. Parents may be given the opportunity to address the committee.

   III. Remind the committee that they will make a recommendation to the principal to:
        A. SUSTAIN THE SUSPENSION
        B. RESCIND THE SUSPENSION
        C. MODIFY THE SUSPENSION
        RECOMMENDATION B OR C REQUIRES A WRITTEN REASON.

7. Excuse parents, student and any other nonvoting people present except the secretary.

8. Committee to consider information, vote by written ballot, secretary to record the vote and announce results.
9. Adjourn the committee, send recommendation to principal and wait for an answer.

10. Notify parents of the decision.
To: Suspension Appeals Committee (Short-term Suspensions)

From: ___________________________

Date: ___________________________

NOTICE OF SUSPENSION REVIEW:

Student: __________________________________ Date: ___________________________

Time: ___________________________ Room: __________

Committee

____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
____________________________________________   __________
540.1 Insert STUDENT SUSPENSION form (legal page, reduced) - page 1
540.1 Insert STUDENT SUSPENSION form (legal page, reduced) - page 2 (notice to parents/guardians DUE PROCESS)
The Board of Education expressly prohibits any form of bullying behavior by students at school as well as active or passive support for acts of bullying. In addition, the Board of Education prohibits bullying behavior by students that does not occur at school, but which causes a substantial and material disruption at school or an interference with rights of students and personnel to be secure.

In Addition:
Any person who knowingly makes false accusations against another person will be appropriately disciplined pursuant to district policy. Any accusations confirmed to be false will be removed from the falsely-accused student’s file. Retaliation is expressly prohibited against any person who participates in reporting, investigating or addressing any incident of student bullying behavior.

Any person may report an issue of bullying or harassment

Today’s date: __/__/____  School Site: ________________________

PERSON REPORTING INCIDENT (optional)
Please indicate your relationship to the target of the bullying (e.g. Parent, teacher, school staff member, etc.)

Name: ____________________________ Relationship __________________________ 
Telephone: ________________________ E-Mail: ____________________________

1. Name of student victim: ____________________________ Grade ____ Sex ____ Race ____
Name (s) of alleged offender (s) ____________________________ Grade ____ Sex ____ Race ____
Name (s) of alleged offender (s) ____________________________ Grade ____ Sex ____ Race ____
Name (s) of alleged offender (s) ____________________________ Grade ____ Sex ____ Race ____

Date and Time of the Incident (s): ________, ________, ________, ________.

Location of Incident (s) __________________________________________
(Off school property, athletic event, hallways, cafeteria, classroom, gymnasium, playground, school bus stop, any school sponsored activity, off campus, etc.)

List all witnesses including students and faculty or staff. If Witnesses are NOT students, please include contact information if possible:
Witness: ___________________________  Witness: ___________________________

Witness: ___________________________  Witness: ___________________________

2. Describe in detail the actions or behaviors that you interpret as intentional acts of bullying or harassment. *The list may include but not be limited to:* Cyber/social network bullying, social isolation or exclusion, physical threats or acts of violence, intimidation, name calling, rumors or slander, taking another person’s property.

__________________________________________________________________________

__________________________________________________________________________

Place an X next to one of the following:
3. Do you have copies of cyber bullying? Social Network pages, written threats, etc.
   - [ ] No  [ ] Yes, but are not attached with this report  [ ] Yes and are attached with this report

4. Did Physical Injury result from this incident:
   - [ ] No  [ ] Yes, but it did not require medical attention.  [ ] Yes, and it required medical attention

5. Was the student victim absent from school as a result of this incident?
   - [ ] No  [ ] Yes  how many days? __________

6. Has a complaint relevant to this incident been filed before? Where:
   - [ ] No  [ ] Yes

   With Whom: ___________________  When: ___________________

7. Has a formal police report been filed with the Sapulpa Schools Campus Police, Sapulpa Police Department or Creek County Sheriff’s Office?  [ ] No  [ ] Yes  [ ] No

8. If yes, please provide the Police Report Number. ________________________________

**NOTE:** If the bullying/harassment include physical assault and battery or sexual assault or battery, threats to kill, or threats that include a weapon, then the Sapulpa School Resource Officer must be notified for preparation of a formal police report.
SAPULP PUBLIC SCHOOLS
BULLYING INVESTIGATION SUMMARY

Sapulpa Public Schools Board Policy 540.1.7 (Excerpt)
"Require school administrators to identify the appropriate personnel to document, investigate, and review all reports of bullying they receive."

Step 1: Assignment for investigation to site administration

Date Received: ____________________ Investigator’s Name ____________________________

Documentation:

☐ Written statement of student victim
☐ Written witness/bystander statements
☐ Written statement of alleged offender
☐ Written statement of school nurse if applicable
☐ Review of any medical information
☐ Collected and examined any physical evidence if available
☐ Obtained copy of police report if available
☐ Written summary of investigation with your conclusion
☐ Interview and/or notification of investigation to parents/guardians
☐ Intervention Plans –
  Victim
  Offender
  Bystander
  School Community
☐ Follow up Report (See Step 2)

Findings of Bullying

☐ The Complaint is Sustained. Bullying was verified.
  (If Sustained a School Intervention Plan must be developed and implemented)

☐ The Complaint was Not Sustained. There was not enough verifiable proof that Bullying taking place or the complaining party has refused to assist in the investigation.
  (If Not Sustained a School Intervention Plan may be developed and implemented)

☐ Unfounded. The complaint was discovered to have no merit or the complaining party has informed the investigator that the allegations were false and untrue.

School Intervention Plan for Victim – Offender – Bystander

School Intervention Plan Victim: Yes _____ No. If no, why was a plan not implemented?

School Intervention Plan Offender: Yes _____ No. If no, why was a plan not implemented?

School Intervention Plan Bystander: Yes _____ No. If no, why was a plan not implemented:

List names of school personnel involved in writing the plan:

__________________________________________  ________________________________________

(School Intervention Plan is not required for all parties)

Notification of Student Parents/Guardians

Date of notification of victim’s parents: ___________ phone ______ letter ______ conference

Date of notification of accused parents: ___________ phone ______ letter ______ conference
A copy of the Original Report Form, attachments of copies of all written statements, a narrative summary of your investigation conclusions, written correspondence with parents (if applicable) and a copy of the School Intervention Plan taken to address the problem shall be filed at the school site.

### Step 2: Follow Up

A follow-up interview with the student/victim is mandatory within two weeks, (maybe earlier) to close the investigation regardless of the **Findings** listed above. **Note:** Even an unfounded report requires a follow up.

Follow Up with the victim(s) within two weeks of conclusion of investigation has been assigned to:

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Completed</th>
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**Findings of Follow Up Interview**

Victim reports no other concern: Victim’s INTIAL HERE __________

Parent/Guardian contact optional:

Date of Contact Phone: _______________ Letter: __________ Conference ______

Person who made contact: ______________________________________________________

The actions of bullying or harassment are ongoing and this is a repeated offense. Begin at Step 1 on reporting process.

Comments: ___________________________________________________________________

____________________________________________________________________________

The School Investigator should begin documentation of the steps that will be taken to remedy this situation as soon as possible. School Intervention Plans should be reconsidered. If repeated activity of bullying is present, then immediate action is necessary to stop the activity and to eliminate the threat to the victim

### ADMINISTRATION ONLY

This investigation is closed: __________________________ Dated: __________

This investigation remains open: __________________________ Dated: __________
540.2 GUIDELINES FOR DETERMINING UNNECESSARY ABSENces FOR HS, JH AND MS (Revised 2-2-09)

A. 4-H Absences.

1. Pre-approval is required at least one week in advance.

2. No penalty will be applied on the day that actual participation in show or contest takes place. All other absences for 4-H will be penalized.

3. Excused absences for 4-H activities will be applied to the 10 day limitation for all school activities and the penalty will be applied when 4-H absences plus absences for other school activities reach ten.

B. Doctor and dentist appointments are excused but we recommend that appointments be scheduled after school hours if possible.

C. A review team will consider absences due to selection of students for honors and their need to be present to receive; however, the student must meet the 90% attendance requirement. The review team will consist of one principal, a counselor, and one classroom teacher.

D. Nothing in these regulations should be construed to negate the requirement for 90% attendance by students in order to receive credit.

E. Pre-approval for certain kinds of absences, examples of which are a high school senior visiting a college or completing a military service examination or similar obligation, may be excused if pre-approval is granted by the principal or his-her designee. Previous attendance will be considered in granting such a request.
DISRUPTION OF SCHOOL - PROCEDURES FOR DEALING WITH STUDENT DEMONSTRATIONS

The following procedures should be taken by the principal or person in charge of the building, when there is a student (or non-student) walkout, sit-in, or other type of demonstration disruptive to the normal school process.

**Phase I**

I am _____________________________, _____________________________________
(Name)                                                               (Title)
of___________________________________, and am asking you to return to your classes (or, if there are any non-students
(School or Office)
in the group, to leave the premises.) If you remain here you are violating the rules and regulations of the Board of Education. Therefore, once again, I must ask you to return to your classes (or, for non-students, to leave the premises.) Those who fail to respond to this request within the next five minutes will be subject to suspension from school and/or prosecution for violating the law of the State of Oklahoma. Please avoid additional trouble by leaving at this time.

(Pause - 5 minutes)

**Phase II**

I am _____________________________, _____________________________________
(Name)                                                             (Title)
of___________________________________. Five minutes ago I asked each of you who are students in our school to return
(School or Office)
to your classes (and those who are not students to leave the premises.) I indicated to you at that time that if you had not returned to your classes or vacated the premises by this time you would be subject to suspension and/or arrest. Therefore, I am now indicating that each of you who are enrolled in our school are suspended from school; and you may not return to school until an individual appointment has been made and kept by you and your parent(s). Your parent(s) will be contacted in the near future regarding the appointment date.

To avoid further difficulty and possible arrest, I am now asking each of you to leave the school property immediately. You will have five minutes to comply with this request. If you have not vacated the school property in five minutes, the police will be called and you will be forced to leave and you may be arrested. I must remind you that such an action will be recorded on your school record and will become a part of the police record as well. Neither of these will help you or your cause and will undoubtedly bring embarrassment to your family. Therefore, for the last time, I am reminding you that you have five minutes to leave the school property. Those failing to comply are in violation of the law of the State of Oklahoma since you are remaining unlawfully upon this property. In addition, since I am asking you directly to leave, failure to comply is an insubordinate act. You have five minutes to leave the school property.
(Pause - 5 minutes)

Phase III

I am _____________________________, _____________________________________ (Name)                                                            (Title) of___________________________________.  As a person delegated by the Board of Education to be in                      (School or Office)

charge of this property, I have indicated to you on two occasions that you are remaining on this property unlawfully, and I ordered you to leave. Since you have not done so, I have called for police assistance and I am prepared to file charges against you for prosecution as a violator of the law of the State of Oklahoma. This is ___________________________ of the Sapulpa Police Department.

(Name of police officer)
541.1 SUSPENSION ATTACHMENT FOR HANDICAPPED STUDENTS  (Approved 12-3-90)

Student's name ___________________________ Date of meeting ____________

Description of behavior ___________________________________________________
______________________________________________________________________

The following persons, who are familiar with the content of this student's IEP, with relevant evaluation information, and with the characteristics of his/her handicapping condition, have met and determined that the behavior described was ______ was not* ______ caused by the handicapping condition.

Names of IEP Team Members          Position
___________________________________________________________ Regular Teacher
___________________________________________________________ Special Teacher
___________________________________________________________ Parent
___________________________________________________________ Administrative Representative

*This report should be attached to the suspension report.

White:  Conf. file
Pink:  Suspension File
Yellow: Special Services
541.1 OUT-OF-SCHOOL SUSPENSION OR DISCIPLINARY REMOVAL OF DISABLED STUDENTS (Revised 8-12-96)

These guidelines should be read in conjunction with the Policy for the Out-of-School Suspension or Disciplinary Removal of Disabled Students.

Long-Term Out-of-School Suspension or Disciplinary Removal - An out-of-school suspension for more than ten consecutive school days constitutes a change in the placement of a disabled student. A disciplinary removal from the classroom may also constitute a change of placement for a disabled student. Before implementing an out-of-school suspension or disciplinary removal of more than ten consecutive school days, the School District must take the following steps:

1. Notify the student's parent or guardian in writing of the proposed change in placement; and
2. Convene an IEP or AP team meeting to determine:
   a. whether the School District needs to conduct any additional evaluation of the student;
   b. whether the student's misbehavior is related to his or her disability; and
   c. if necessary, the type and frequency of educational and/or related services to be provided to the student during the out-of-school suspension.

The School District should schedule the IEP or AP team meeting as quickly as possible after an out-of-school suspension or disciplinary removal is proposed.

If the team determines that additional evaluation of the student is necessary, the School District should obtain parental permission to perform the evaluations and arrange to conduct them as quickly as possible. The School District may not implement the proposed out-of-school suspension or disciplinary removal pending completion of the evaluation.

Emergency Out-of-School Suspension or Disciplinary Removal - If the School District implements an emergency out-of-school suspension or disciplinary removal, it will immediately notify the student's parent or guardian in writing of the out-of-school suspension or disciplinary removal and, during the term of the out-of-school suspension or disciplinary removal, convene an IEP or AP team meeting to determine the need for additional evaluation and the relationship between the student's disability and his or her misbehavior. If the parent or guardian fails or refuses to attend the meeting, after having been properly notified, the other team members should proceed with the meeting. If the parent or guardian does not attend, the School District should thoroughly document its attempts to arrange the meeting and the parent's response, if any.

Relationship Between Misbehavior and Disability:

Misbehavior Related to Disability:

To decide whether a student's misbehavior is related to his or her disability, the IEP or AP team should consider whether the behavior has a direct and substantial relationship to the disability or, in other words, whether the disability impairs the student's behavioral controls. If the team finds a
"direct and substantial relationship"; it should find that the student's disability is related to his or her misconduct. On the other hand, if the team finds that the misconduct bears only an attenuated relationship to the student's disability, it should find that the disability is not related to the misconduct. The team should thoroughly consider the relationship between disability and misbehavior for every child. The team should not summarily conclude that a direct and substantial relationship between disability and misbehavior can exist only for students categorized as "seriously emotionally disturbed". The team should document its decision.

Unless the parent or guardian initiates due process proceedings under the IDEA or Section 504 to challenge the modified placement, the School District will implement the modified placement immediately after the ten-day waiting period expires. However, if the student poses an immediate threat to his or her own safety or the safety of others during the ten-day period, the School District may impose an emergency out-of-school suspension or disciplinary removal or bring a civil action to enjoin the student from attending school during that period.

Once due process proceedings have been initiated, the student must remain in his or her current educational placement until those proceedings have been completed, unless the School District and the parent or guardian agree otherwise. If the pre-modification placement is found to be the student's "stay put" placement and if the student poses an immediate threat to his or her own safety or the safety of others, the School District may bring a civil action to enjoin the student from attending school during the duration of the due process proceedings.

Misbehavior Not Related to Disability:

Unless the parent or guardian initiates due process proceedings under the IDEA or Section 504 to challenge the determination that the student's disability is not related to the misbehavior, the School District will implement the proposed out-of-school suspension or disciplinary removal immediately after the ten-day waiting period expires. However, if the student poses an immediate threat to his or her own safety or the safety of others during the ten-day period, the School District may impose an emergency out-of-school suspension or disciplinary removal or bring a civil action to enjoin the student from attending school during that period.

Once due process proceedings have been initiated, the student must remain in his or her current placement until the proceedings have been completed, unless the School District and the parent agree otherwise. If the student poses an immediate threat, the School District may bring a civil action to enjoin his or her school attendance during the duration of the due process proceedings.

Continuing Educational Services:

Under the IDEA, the School District cannot completely terminate educational and/or related services during long-term out-of-school suspensions to students who are categorized as disabled under the IDEA, whether or not the student's disability is related to the misconduct. The student's IEP team will determine the type and frequency of the interim services to be provided. Under Section 504, the School District need only provide educational services during long-term out-of-
school suspensions to students who are disabled under Section 504 if the student's disability is related to his or her misconduct. The student's AP team will determine the type and frequency of interim services to be provided. If the Section 504 student's disability and misconduct are not related, then educational services must be provided during a long-term out-of-school suspension only if educational services are provided to non-disabled students during long-term out-of-school suspensions. State law requires the continuation of educational services to students, both disabled and non-disabled, during both short- and long-term out-of-school suspensions.

Suspension from Transportation - This section applies to students the School District transports under IEPs and APs and those it transports under its regular transportation policy.

Evaluating Regular Students Suspended Out of School - Although the School District is not required to refer and evaluate regular students just because they were suspended out of school for disciplinary reasons, it should do so if there is reason to believe the student might be disabled.
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 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 students, 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.

SECTION 504 ELIGIBILITY DETERMINATION

Name ___________________________________________ DOB
Grade
School ___________________________________________ Date of Meeting

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

1. 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, genito-urinary; 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**

**Grade**

**School**

**DOB**

**Date of Meeting**

<table>
<thead>
<tr>
<th>Areas of Need</th>
<th>Educational Services, Related Services, Supplementary Aids and Services and Accommodations</th>
<th>Results/Status of Review</th>
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**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:

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<th>Participant Signatures</th>
<th>Position/Title</th>
<th>Date</th>
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I have been informed and received notice of this plan and have received a copy of the Section 504 Information and Procedural Safeguards notice.

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<th>Parent/Guardian Signature</th>
<th>Date</th>
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</table>

cc: Student’s Confidential File
Parent
STUDENT DRUG TESTING CONSENT FORM (Revised 8-3-09)

Statement of Purpose and Intent Participation in school sponsored extra-curricular activities at the Sapulpa School District is a privilege. Activity Students 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 illegal and performance-enhancing drugs.

Drug use of any kind is incompatible with participation in extra-curricular activities on behalf of the Sapulpa Public School District. For the safety, health, and well being of the students of the Sapulpa Public School District, the Sapulpa Public School District has adopted the Activity Student Drug Testing Policy and the Student Drug Testing Consent Form for use by all participating students at the junior high and high school levels.

Participation in Extra-Curricular Activities
Each Activity Student shall be provided with a copy of the Activity Student Drug Testing Policy and Student Drug Testing Consent Form which shall be read, signed and dated by the student, parent or custodial guardian, and coach/sponsor before such student shall be eligible to practice or participate in any interscholastic activities. The consent shall be to provide a urine sample and/or hair follicle one time per year, then as chosen by the random selection basis to be tested for illegal or performance-enhancing drugs. No student shall be allowed to practice or participate in any activity governed by the policy unless the student has returned the properly signed Student Drug Testing Consent.

____________________________________________________________________________
Student's Last Name First Name MI

I understand after having read the "Student Activity Drug Testing Policy" and "Student Drug Testing Consent Form," that, out of care for my safety and health, the Sapulpa Public School District enforces the rules applying to the consumption or possession of illegal and performance-enhancing drugs. As a member of a Sapulpa extra-curricular interscholastic activity, I realize that the personal decision that I make daily in regard to the consumption or possession of illegal or performance-enhancing 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 violate school policy regarding the use or possession of illegal or performance-enhancing drugs any time while I am involved in in-season or off-season activities, I understand upon determination of that violation I will be subject to the restrictions on my participation as outlined in the Policy.

____________________________________________________________________________
Signature of Student Date
We have read and understood the Sapulpa Public School District "Activity Student Drug Testing Policy" and "Student Drug Testing Consent Form." We desire that the student named above participate in the extra-curricular interscholastic programs of the Sapulpa Public School District and we hereby voluntarily agree to be subject to its terms. We accept the method of obtaining urine samples and hair follicles, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing and results as provided in this program.

_____________________________________________________________________________
Signature of Parent or Custodial Guardian   Date

_____________________________________________________________________________
Signature of Coach/Sponsor     Date
544.2 MEDICATIONS (Revised 4-7-08)

TO: 
__________________________
(Administrator)

__________________________
(School)

I am the parent, guardian or legal custodian with legal custody of ________________, a
minor student attending this school. This student requires medication at intervals during the
school day.

I hereby give my consent and authorize the school nurse, the principal, or ____________ (a
District employee designated by the school nurse, the principal and me) to administer:

__________________________ (name of drug), a non-prescription medication that I am hereby supplying you,
in accordance with my written instructions or the written instructions of a physician,
which are attached hereto.

__________________________ (name of drug), a filled prescription medication that I am hereby supplying you,
in accordance with the directions for the administration of the medicine listed on the
label of the container.

__________________________ (name of drug), a filled prescription medication that I am hereby supplying you,
in accordance with the written instructions of the physician who prescribed the
medicine, which are attached hereto.

I hereby give my consent and authorize my child to self medicate under the District's
Administration of Medicine to Students Policy.

I understand that under state law the Board of Education, the District, and District
employees shall not be liable to the student or the student's parent or guardian for civil damages
for any personal injuries to the student that result from acts or omissions of District employees in
administering the medicine I have hereby authorized. I also understand that, under state law, the
District, its agents and employees shall incur no liability for any adverse reaction or injury suffered
by the student as a result of the student's self-administration of medication and/or use of
specialized equipment. Finally, I understand that District employees acting in accordance with the
Diabetes Management in Schools Act shall be immune from civil liability unless the employee's
actions rise to a level of reckless or intentional misconduct.

I agree to abide by all of the terms of the District's Administration of Medicine to Students
Policy. I understand that I may request a copy of this policy at any time.
Date

Signature

(Print Name)
Parent with Legal Custody
or Guardian

Address
544.2 MEDICATIONS

SAPULPA PUBLIC SCHOOLS
HEALTH SERVICES

CONTRACT FOR EXCEPTION:
TO SELF-ADMINISTER AND RETAIN MEDICATION ON PERSON

Date:

_______________________________ (Child's name) has been instructed in the proper use of
the ___________________________ medication. We, (Physician) and __________________________ (Parent/Legal Guardian), request that
_______________________________ (Child's name) be permitted to carry the medication on
his/her person or to keep same in his/her locker or PE locker, as we consider him/her responsible.
He/She has been instructed in and understands the purpose and appropriate method and
frequency of use of the medication.

I understand this request is governed by Sapulpa Public Schools regulations on self administration
of medication and there are conditions and exceptions to self-administration. I acknowledge I may
receive a copy of this regulation, upon request. Also I have instructed my child to inform school
personnel if symptoms persist so additional emergency care can be obtained, if needed. I have
also been advised to have my child wear a medical alert bracelet and that this permission may be
revoked if my child misuses the medication, including permitting other children to use the
medication.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's
medication.

Physician's Signature Date Signature of Parent with legal custody Date
or Legal Guardian

Note: This form must be completed in addition to the routine District's Authorization of Medication
form for students who request permission to carry their own medication or keep the medication in
a P.E. locker.

* This request shall not extend beyond the end of the current school year.

**This contract does not apply to Ritalin or any other controlled substance.
544.5 HEAD LICE

A. If a child in a class has head lice or nits, all other children in the classroom will be checked.

B. According to House Bill 1550, Section 1210.194(B), any child prohibited from attending school due to head lice shall present to school authorities, before said child shall re-enter school, certification from a health professional or an authorized representative of the State Department of Health that said child is no longer afflicted with head lice and is nit free.

C. Children’s possessions should be stored in individual cubbies, lockers or if lockers are shared, individual plastic bags.

D. Teach children not to share clothing, headgear or grooming articles.

E. Sapulpa Schools shall conform to a nit-free policy as recommended by the National Pediculosis Association.

F. If there are siblings in school of a child diagnosed with head lice, they shall be checked. If siblings are attending another Sapulpa School, that school should be notified and those siblings checked.

G. Three all school screening dates are recommended: after the start of school, around winter break and around spring break.
561. **CHILD ABUSE REPORTING AND INVESTIGATION** (Approved 1-12-98)

The report may be made by telephone and followed by filing the report, white copy to DHS, yellow copy to school file, pink copy to school nurse.

Confirmed reports shall have a confidential file made or be added to an existing confidential file.

All other yellow copies of reports shall be kept in a file.

Reports shall be hand carried from school to school by the counselor.

Reports shall be kept until student reaches age 18 years.

All reports shall be stored in a locked area.
561. CHILD ABUSE REPORTING AND INVESTIGATION (Approved 1-12-98)

Sapulpa Public Schools
Child Abuse/Neglect Report

Student's Name: _____________________ School: _____________________

Grade: ________ Sex: ___ M ___ F Birthdate: __-__-____ Indicate Sites

Parent's/Guardian's Name: ________________________________ (child's front view)

Home Phone: ______________ Work Phone: ______________

Address: _____________________________________________

Date/Time Problem Identified: ____________________________

Evidence: Physical: ________________________________

Verbal: _____________________________________________

---------------------------------------------------------------------------------------------

Reported To:
Department of Human Services Phone 224-0663 (child's back view)

By: ________________ Title: ________________________

Date: ________________ Time: ________________

Name of Person Accepting Phone Report (DHS): ______________________

Title: _____________________________________________

Social Worker's Response: _______________________________

Additional Comments: __________________________________

White: DHS
Yellow: School File
Pink: School Nurse
562. CRISIS INTERVENTION AND PREVENTION PROGRAM (Approved 12-4-89)

A. STAFF MEMBERS POLICY AND PROCEDURES

1. Each school site shall have designated individual(s) for staff members to inform if they learn or suspect a student may be suicidal or at risk of death due to illness. This designated individual shall immediately notify the building administrator or his/her designee.

2. At each school site, the principal, or his/her designee shall be the primary person in charge of handling the crisis. However, a back-up person should be named to act in time of crisis in the event of the absence of the principal.

3. The designated person in charge of the crisis situation will immediately inform the parents of the at-risk student’s current situation.

4. The school policy will be reviewed with all staff members to insure they follow recommended procedures.

5. The school district will offer inservice for staff members in the recognition of signs and symptoms of at-risk students and will provide current training crisis intervention for crisis team members.

B. DISTRICT WIDE CRISIS TEAM -- MEMBERS

DISTRICT TEAM RESPONSIBILITIES:

1. Act as a resource group for individual building concerns regarding potential crises.

2. Meet when called by the Superintendent and/or Deputy Superintendent in response to a crisis situation which affects the emotional well being of our students and staff.

3. Secure approval from the Superintendent and/or Deputy Superintendent before any action is taken.

4. Coordinate any district actions with other community groups to meet joint school and community crisis needs.

5. Meet with and advise faculty members and administrators on specific procedures to follow in their respective buildings.

6. The Superintendent or his designee will release information to the media, when appropriate, regarding any actions taken by the district and will act as the contact person for the community at large. Internal district inquiries may be directed to him/her or any member of the District Crisis Intervention Team.

7. Provide periodic inservice training to faculty, students and staff.

C. BUILDING CRISIS INTERVENTION TEAMS

The building teams will be made up of staff members and may include the principal or his/her designee, members of the counseling staff, members of the teaching staff, and support staff as deemed appropriate.
D. BUILDING TEAM RESPONSIBILITIES:
   1. Act as a resource group for individual building concerns which may result in a crisis situation.
   2. Meet when called by the principal and/or district team, in response to a crisis situation which affects the emotional well being of our students and staff.
   3. Meet with and advise faculty members and administrators on specific procedures to follow in their respective buildings in the event of a crisis or potential crisis.