

Immunization Guidelines

AR-5105

- Symbols: MMR = Mumps, measles, and rubella
 DTP = Diphtheria, tetanus, and pertussis
 DtaP = Diphtheria, tetanus, and acellular pertussis
 DT = Diphtheria and tetanus
 Hib = Haemophilus influenza type b infections, including meningitis
 TD = Tetanus and diphtheria

STUDENT/AGE GROUP	REQUIRED VACCINES	
2-5 year olds enrolled in a school-based program not licensed as a child care provider	4	Doses of DTP, DtaP, or DT vaccine.
	3	Doses of polio vaccine.
	1	Dose of MMR given on or after 12 months of age.
	3	Doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age.
	3	Doses of pediatric Hepatitis B vaccine.
	1	Dose of varicella (chickpox) given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, legal guardian, or healthcare provider will be accepted.
Students entering school for the first time (kindergarten or 1 st grade)	3	Doses of DTP, DtaP, DT, or TD vaccine, one given on or after the 4 th birthday.
Students entering 7 th grade	3	Doses of polio vaccine.
Transfer students from outside the State of Nebraska, regardless of grade (includes any foreign students)	2	Doses of MMR, given on or after 12 months and separated by at least one month.
	3	Doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age.
	1	Dose of varicella (chickenpox) given on or after 12 months of age and prior to 13 years of age. If given at over 13 years of age, 2 doses of varicella, separated by at least one month. Written documentation (including year) of varicella disease from parent, legal guardian, or health care provider will be accepted.

All students not listed above (grades 1 through 6 and 8 through 12)	3	Doses of DTP, DTaP, DT, or TD vaccine, one given on or after the 4 th birthday.
	3	Doses of polio vaccine.
	3	Doses of pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age.
	2	Doses of MMR vaccine, given on or after 12 months of age and separated by at least one month.

**NOTICE OF REQUIREMENTS FOR STUDENT ADMISSION -
BIRTH CERTIFICATE, IMMUNIZATION, PHYSICAL EXAMINATION
AND VISUAL EXAMINATION**

Nebraska law requires that the parents or legal guardian furnish the following documents as a condition of admission to school:

- (1) A certified copy of the child's birth certificate issued by the state in which the child was born, prior to admission of a child for the first time. Other reliable proof of the child's identity and age, accompanied by an affidavit explaining the inability to produce a copy of the birth certificate, may be used in lieu of a birth certificate. An affidavit is defined as a notarized statement by an individual who can verify the reason a copy of the birth certificate cannot be produced. (Failure to provide the birth certificate does not result in non-enrollment or disenrollment, but does result in a referral to local law enforcement for investigation.)
- (2) Evidence of a physical examination by a qualified physician, physician assistant, or advanced practice registered nurse, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a physical examination.
- (3) Evidence of a visual examination by a qualified physician, physician assistant, advanced practice registered nurse, or optometrist, within six months prior to the entrance of the child into the beginner grade and the seventh grade or, in the case of a transfer from out of state, to any other grade, unless the parent or legal guardian submits a written statement objecting to a visual examination. The visual examination is to consist of testing for amblyopia, strabismus, internal and external eye health, and visual acuity.
- (4) Evidence of protection against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Hepatitis B, Varicella (chicken pox), Haemophilus Influenzae type b (Hib), and other diseases as required by applicable law, by immunization, prior to enrollment, unless the parent or legal guardian submits a written statement refusing immunization or meets other exceptions established by law (refer to Nebraska Department of Health and Human Services regulations, 173 NAC 3-001 to 3-012.04).
- (5) On or after July 1, 2010, every student entering the seventh grade shall have a booster immunization containing diphtheria and tetanus toxoids and an acellular pertussis vaccine which meets the standards approved by the United States Public Health Service for such biological products, as such standards existed on January 1, 2009.

Forms to submit objections are available from the school district.

Information about free or reduced-cost visual examinations for low-income families who qualify may be obtained from the Nebraska Optometric Association (NOA), <http://www.noaonline.org>, 201 North 8th Street, Suite 400, P.O. Box 81706, Lincoln, NE 68501, Fax 402-476-6547, Telephone 402-474-7716. To identify a participating SEE TO LEARN doctor nearest you, call 1-800-960-3937. For assistance from VISION USA, call 1-800-766-4466. In addition, Lions Clubs throughout Nebraska are committed to assisting disadvantaged families by sponsoring eye exams and eyewear. NOA member doctors will provide eye exams at no cost if no other resources are available.

**AFFIDAVIT OF REFUSAL OF IMMUNIZATION -
FOR REASON OF RELIGIOUS CONFLICT
(For School Admission)**

The undersigned, being first duly sworn, states upon oath as follows.

This affidavit is submitted for the following child: _____

I state that I am submitting this affidavit in the position of (*initial as appropriate*):

- _____ Self, as I am the child and I am of the age of majority
- _____ As a legally authorized representative of the child based on (*insert description of legal authority; e.g., parent or legal guardian*): _____

I understand that state law requires that the child be protected by immunization against certain contagious diseases prior to enrollment in school. I hereby swear and affirm that such immunization requirements (*initial as applicable*):

- _____ Conflict with the tenets and practice of a recognized religious denomination of which the child is an adherent or member; or
- _____ Conflict with the personal and sincerely followed religious beliefs of the child.

I will not hold McPherson County Schools responsible for any injury or harm caused by or relating to such refusal to obtain immunization for the child.

IN WITNESS WHEREOF, this affidavit is signed and acknowledged this _____ day of _____, 20__.

Affiant

STATE OF NEBRASKA)
)ss
COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____.

Notary Public

**REFUSAL OF IMMUNIZATION
For Medical Reasons**

As the physician of:

Child's Last Name	First Name	Age
Birth Date	School	Grade

**I have elected to not immunize this student against the following disease(s):
(check box*)**

- Diphtheria
- Tetanus
- Pertussis
- Polio
- Measles (Rubeola)
- Mumps
- Rubella (German Measles)
- Hepatitis B
- Varicella (chicken pox)

In my opinion, this/these immunization(s) would be injurious to the health and well-being of

- The child
- A member of the child's household or family.

Comments: _____

Signature of Physician

Date

*Each disease for which a vaccine has not been administered must be checked. Parents and legal guardians must submit dates of immunization for all other diseases.

DOCUMENTATION OF VARICELLA (CHICKEN POX) DISEASE

(To be filled out by the parent, legal guardian, or medical provider of the child/student)

This document is being submitted on behalf of:

Name of Child/Student	Birthdate of Child/Student
-----------------------	----------------------------

I, _____, verify that the above-listed child/student had the varicella disease in _____ (year).

Signature of Parent, Legal Guardian, or
Medical Provider

**PARENT OBJECTION TO
PHYSICAL EXAMINATION OR VISUAL EXAMINATION
(For School Admission)**

I am the parent or legal guardian of the following child who is enrolling in the beginner grade or seventh grade in McPherson County Schools, or who is transferring from out of state into any grade in McPherson County Schools:

Child's Name

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

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

_____ physical examination

_____ visual examination

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

Dated this _____ day of _____, 20__.

Parent or Legal Guardian



Department of Health and Human Services Waiver of Physical Examination/Visual Evaluation Requirement

School Name (if desired)

Note to Parent/Guardian: please complete and return to the school health office if you wish to have your child waived from these requirements as allowed by Nebraska law. If you have questions, please contact the school nurse or the school office. Thank you.

As a Parent/Guardian of - Student Name	Student ID#
School Name	Grade

I object to the following requirements for school entry as legislated in Nebraska Revised Statutes 79-214 and 79-220.

Check which apply:

- Physical examination by a licensed physician, physician assistant or advance nurse practitioner within six months prior to school entry. *(Applies to: Kindergarten or beginner grade, out of state transfers to any grade, and seventh grade).*
- Visual evaluation by a licensed physician, physician assistant, advanced nurse practitioner, or vision professional (optometrist or ophthalmologist) within six months prior to school entry. *(Applies to: Kindergarten or entry grade and out of state transfer to any grade).*

I understand that I may request information to assist me in receiving information about reduced-cost vision examination as required by NRS 79-220.

I understand provisions in the law allow me to waive the requirement for this examination by my signed statement.

SIGN HERE _____
 Signature of Parent/Guardian Date

Comments: _____

Homeless Education Program

AR-5110.1

**HOMELESS STUDENT ENROLLMENT INFORMATION
& PLACEMENT REQUEST**

Child's Name: _____ Birth Date: _____ Grade _____
(Last Name) (First Name) (M.I.)

Parent/Guardian Name _____ Unaccompanied Youth _____
(Last Name) (First Name) (M.I.) ("Yes or "No")

Current Address _____

Telephone Number: _____
(If phone # not available, phone number of someone who can be contacted and their relationship, if any).

Information provided on this form is confidential.

1. Homeless Status

a. Do you live in any of these following situations?

- _____ sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (example: evicted from home, cannot afford housing, etc.)
- _____ in a motel, hotel, campground or similar setting due to lack of alternative adequate accommodations
- _____ in emergency or transitional shelters such as domestic violence or homeless shelters or transitional housing shelter or agency
- _____ have a primary nighttime residence that is a place not designed for or ordinarily used as a regular sleeping accommodation for humans
- _____ in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings
- _____ None of the above.

b. How long do you anticipate living in current location? _____

2. School Most Recently Attended

School: _____
(School Name) (City) (State)

Dates of Attendance: _____ to _____

Grade level when last attended: _____

3. Eligible for any of these educational and school related activities and services?

Special Education (IDEA) If yes, please identify disability and special education services previously provided : _____

English Language Learners (ELL) Gifted Vocational Education

Other _____

4. Possible Barriers to Education
 No Birth Certificate No immunizations or other medical records
 No School Records Transportation School Selection
 Other issues/barriers _____

5. Requested Services and Activities to be Provided by Homeless Student Program
 Obtaining or transferring records necessary for enrollment
 Emergency assistance related to school attendance
 Expedited evaluations
 Transportation Clothing to meet a school requirement School supplies
 Early childhood program Tutoring or other instructional support
 Before/after-school, mentoring, summer programs
 Referrals for medical, dental, or other health services
 Referral to other programs/services
 Assistance with participation in school programs
 Parent education related to rights/resources
 Coordination between schools and agencies
 Counseling Addressing needs related to domestic violence
 Staff professional development/awareness
 Other _____

6. Placement
a. School placement requested by parent/guardian or unaccompanied youth:

b. Reason(s) for Request: _____

c. Name of "School of Origin" _____
(School of Origin means the school that the child attended when permanently housed or the school in which the child was last enrolled).
Enrollment Date _____
Has student been withdrawn? _____
If so, what was the withdraw date? _____
d. Distance from:
i. Residence to the school of origin (miles): _____
ii. Residence to the school requested (if not school of origin): _____

Parent or Guardian or Unaccompanied Youth's signature

Date

Children living in homeless situations have certain rights under the McKinney-Vento Homeless Assistance Act. Please contact the Homeless Coordinator with any questions.

**Homeless Education Program
WRITTEN NOTIFICATION OF
ENROLLMENT/PLACEMENT DECISION FOR HOMELESS STUDENT**

Child's Name: _____

In compliance with the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Parent/Guardian _____ Unaccompanied Youth _____
(Name) (Name)

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

Homeless student program eligibility:

_____ Child does not qualify under the homeless student program.
_____ Child qualifies under the homeless student program. This determination was based upon: _____

Placement (if enrolled under the homeless student program) was made based on best interest of the student. The placement will be at: _____
(Name)

Explanation for this determination (if not school of origin or the choice of parent/guardian or unaccompanied youth, give detail): _____

If you are not satisfied with the determinations, you have the right to use the dispute resolution process. Contact the Homeless Coordinator and complete a Dispute Resolution Form.

Notices:

- The student has the right to be immediately admitted in the school in which enrollment is sought pending resolution of the dispute.
- You may contact the state coordinator:
Education Specialist & Homeless Education / NCLB Programs
Nebraska Department of Education
<http://www.education.ne.gov/federalprograms/Title%20X.html>
Telephone: (402) 471-1419 Facsimile: (402) 742-2371
- You may seek the assistance of advocates or attorneys.

Administrator

Date

Written Notification Form was given to parent/guardian or unaccompanied youth on _____ (Date).

Homeless Education Program
DISPUTE RESOLUTION FORM

This form should be completed when a dispute arises over school enrollment/placement.

Child's Name: _____

Person completing form: _____
(Name) (Relation to Student)

I may be contacted at (address/phone/e-mail): _____

I wish to dispute the following decision: _____

The decision I am disputing was wrong because (give detailed information in support of your position and use an attachment if necessary): _____

Persons who have information to support my position (include contact information): _____

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

Parent or Guardian or Unaccompanied Youth's signature

Date

~~-----For School Use-----~~

Date received by Homeless Coordinator _____

~~-----Determination of Homeless Coordinator-----~~

In compliance with the McKinney-Vento Homeless Assistance Act, the following written notification is provided to:

Parent/Guardian _____ Unaccompanied Youth _____
(Name) (Name)

After reviewing the information relevant to your dispute my determination is as follows:

Explanation for this determination: _____

Notice of Right to Appeal: If you are not satisfied with the determination on this dispute, you have the right to appeal as provided for in the Nebraska Department of Education Rule 19. The appeal is to be filed with the Commissioner of Education within 30 calendar days of receipt of this decision. For information about an appeal you may contact the state coordinator:

Education Specialist & Homeless Education / NCLB Programs
Nebraska Department of Education
<http://www.education.ne.gov/federalprograms/Title%20X.html>
Telephone: (402) 471-1419 Facsimile: (402) 471-0117

Administrator

Date

The Determination of the Homeless Coordinator on this dispute was given to parent/guardian or unaccompanied youth on _____ (Date).

AR Adopted: February 8, 2017

Activities Program

AR-5300

The activities program guidelines for activities sanctioned by the Nebraska School Activities Association (NSAA) shall be in compliance with NSAA regulations as follows:

- (a) Participation on reserve athletic teams shall normally be restricted to students who are freshmen, sophomores, or juniors.
- (b) Program guidelines shall be subject to modification due to postponement of regularly scheduled events, with the approval of the superintendent of schools.

The following programs are supported as they are compatible with school enrollment, equipment, facilities, finances, and the availability of competent coaching staffs:

- (a) Football: Varsity, Reserve, and Middle School
- (b) Volleyball: Varsity, Reserve, and Middle School
- (c) Basketball - Boys and Girls: Varsity, Reserve, and Middle School
- (d) Wrestling: Varsity and Middle School
- (e) Track - Boys and Girls: Varsity and Middle School
- (f) Golf - Boys and Girls: Varsity
- (g) Speech: High School
- (h) Play Production: High School One Act
- (i) Vocal and Instrumental Music: High School; middle school students that are in the advanced band or secondary choir are permitted to participate in the group, but not individually

Activities Release Form

AR-5335

MCPHERSON COUNTY SCHOOLS
ACTIVITIES TRAVEL RELEASE

Date _____

This is to certify that _____ has my permission to ride from the
(Student's Name)

_____ today at _____ with _____.
(Activity) (Location of Event) (Parent/Designated Adult)

I certify that I am personally responsible for the change in transportation for the above named student.

I understand that McPherson County Schools and the McPherson County Schools board of education require that students ride school-sponsored transportation to and from all activities and a departure from this requirement will release McPherson County Schools and the McPherson County Schools board of education from any liability for any adverse results that may occur.

I agree to release McPherson County Schools, its employees, and the McPherson County Schools board of education from any liability with reference to the above stated transportation.

(Signature of Parent or Legal Guardian)

(Date)

This form must be completed and personally handed to the coach or activity sponsor either prior to (preferred procedure) or after the activity is completed and upon departure with the above named student. Failure to do so will result in the student riding school-sponsored transportation from the activity.

Coaches and activity sponsors shall file this release with the Activities Director upon return to the school district. These forms shall be provided to students and parents at preseason parent meetings, and shall also be available in the main secondary office.

Post Prom Release Form

AR-5336

MCPHERSON COUNTY IMPROVEMENT CLUB
POST PROM RELEASE

Date _____

This is to certify that _____ has my permission to participate
(Student's Name)

in McPherson County Schools' post prom activities on _____.
(Date of event)

I understand that McPherson County Schools, the McPherson County Schools board of education, and the McPherson County Improvement Club require that students adhere to the timetable and behavioral expectations established by the Improvement Club for this event, including, but not limited to, the expectations that no alcohol, tobacco product, or any other form of drug be brought to the event and that no student will be permitted to attend the event or continue to participate should it be detected that the student is under the influence of any controlled substance.

I agree to release McPherson County Schools, its employees, the McPherson County Schools board of education, and the McPherson County Improvement Club from any liability with reference to the above stated event.

(Signature of Parent or Legal Guardian)

(Date)

This form must be completed and personally handed to post prom personnel prior to the event. Failure to do so will result in the student not being permitted to attend the post prom activities.

Request to Waive Student Fees

AR-5340

The Public Elementary and Secondary Student Fee Authorization Act of 2002 requires school districts to waive any fees that the school district may impose on those students who qualify for free or reduced-price meals under the United States Department of Agriculture child nutrition programs.

I hereby verify that the necessary reports are on file with the office of the superintendent of schools which qualifies _____
(Name of Student)

to receive free or reduced-price meals, as set forth by the United States Department of Agriculture child nutrition programs. Furthermore, I request that fees or costs of materials for the items or projects listed below be waived.

Description:

(Signature of Parent or Legal Guardian)

(Date)

For School Official Use Only

_____ Approved

_____ Non-Approved

Verified by: _____

Date: _____

Complaint Form for Discrimination, Harassment, or Retaliation

AR-5401

McPherson County School District does not discriminate on the basis of sex, disability, race, color, religion, veteran status, national or ethnic origin, marital status, pregnancy, childbirth or related medical condition, or other protected status, or other protected status in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. This complaint form is to be used when a person has a complaint related to discrimination, harassment or retaliation on such bases in regard to employment or the programs and activities of the school district.

Refer to Board Policy 4003 and/or 5401 for the particulars of the complaint and grievance process. You may attach additional materials to this form if needed.

The applicable coordinator may be contacted if you have questions about filling out this complaint form:

Deb Brownfield, Principal, P.O. Box 38, Tryon, Nebraska, 69167 (308) 587-2262
dbrownfield@mcstryon.org

Name: _____

Date: _____

(1) Description of the complaint:

(2) Names of any witnesses to the matter being complained about:

(3) Identify and attach any document supporting the complaint:

(4) Confidentiality: I ___ do ___ do not give consent to my identity being shared with the person(s) against whom I am complaining. If I do not give consent, I understand that the investigation may be hindered, but that the District will nonetheless investigate and take prompt and effective action to remediate the concerns I have raised, if appropriate.

(5) Relief requested (what I want done in response to this complaint):

The undersigned states: The facts in this complaint are true to the best of my knowledge, information and belief. I give permission for an investigation to be made into this complaint. I understand that the District will take steps to prevent me being retaliated against for filing this complaint that I am to notify the District if any such retaliation occurs, and that the District will take prompt and strong responsive action if retaliation occurs.

Signature: _____

Received by: _____ Date: _____

General Health Information

AR-5405

The following student information should be on file in the office of each principal for all students, grades K-12:

- (a) Parent or legal guardian's name, address, and telephone number;
- (b) Parent or legal guardian's employer, address and telephone number;
- (c) Name, address, and telephone number of a designated person to contact if school district officials are unable to contact the parent or legal guardian; and
- (d) Name, address, and telephone number of the student's physician to contact in case of an emergency.

Parents or legal guardians should not send a student to school under the following conditions:

- (a) Student's temperature is over 100°F;
- (b) Presence of diarrhea in the last twelve hours;
- (c) Sore throat (inflamed or infected tonsils) accompanied by a fever, coughing, and/or discharge of respiratory phlegm or nasal mucus;
- (d) Ear ache with discharge or fever;
- (e) Disease such as measles, three-day measles, mumps, chicken pox, or scarlet fever; or
- (f) Student is feeling uncomfortable and unwell to the extent that the student is unable to accomplish normal school activities.

Students shall be excluded from school under the following conditions:

- (a) Vomiting occurs;
- (b) Student's temperature is 100°F or above;
- (c) Student feels too ill to function well; or
- (d) An accident occurs at school which requires prompt medical attention.

Ill students shall not be sent home alone. It is the responsibility of the parent or legal guardian to assume the care of a student and to make arrangements for such care. If the parent or legal guardian cannot be reached at home or at work, the person who is designated in the student's file to be contacted shall be asked to assume responsibility for the student. If the parent or legal guardian cannot be reached and immediate attention is required, the student shall be taken to the physician designated in the student's file, or an associate if the physician is not immediately available.

An emergency unit shall be contacted upon the request of a student's parent or legal guardian and/or school district officials in situations such as fractures, dislocations, etc. If the situation is considered to be of a serious nature, school district officials shall immediately contact the emergency unit prior to contacting the parent or legal guardian.

A physician's permit shall be obtained for a student to be excused from physical education or readmitted to physical education following an illness or injury.

Medication Administration Guidelines

AR-5404.1

Administration of medications to minors at school is a regulated activity under the Nebraska School Medication Administration Guidelines. In the school setting, medications may be administered by a licensed nurse. Only those unlicensed staff members trained by the nurse may (a) administer medication, and (2) document that medication was administered. Any questions regarding medication administration in the school setting should be directed to the school nurse.

No medication shall be administered without written authorization from a student's parent or legal guardian. Verbal or telephone authorization will be accepted, but a follow-up, written authorization should be obtained as soon as possible. In addition, acetaminophen (non-aspirin) will be administered only with written authorization.

No medication, prescription or over-the-counter, shall be administered unless it is in its original container. Prescription medications must be labeled properly. The medication dose shall not be adjusted contrary to what the label instructs. If a medication is refused by a student or withheld for any reason, the parent or legal guardian shall be notified.

Medication Records

Medication records shall be kept for a period of two years. Records documenting the training and competency of unlicensed staff members administering medication shall be maintained for a minimum of two years.

Medication Storage

All medications must be stored in secure areas. Only the nurse and those trained to administer medications shall have access.

Self-Administration of Medication

Students who use inhalers shall be allowed to carry their inhalers. A student may self-administer an inhaler or other medication at school or at a school activity with written authorization from his or her parent or legal guardian, who shall be responsible for monitoring the medication. In order to self-administer medication, a student must have cognitive capacity to make an informed decision about taking medication, be physically able to take or apply a dose of medication, have the capability and capacity to take or apply a dose of medication according to specific directions, and have the capability and capacity to observe and take appropriate actions regarding desired effects, side effects, interactions, and contraindications associated with a dose of medication.

Field Trips and Overnight Activities

If a student must take a medication during a field trip or other school activity, the same rules set out above apply. The parent or legal guardian must provide written authorization and any medication administered by an activity sponsor must be documented.

AUTHORIZATION FOR ADMINISTERING MEDICATION

Student name: _____ Grade: _____

<u>Name of Medication(s)</u>	<u>Dosage</u>	<u>Time of Day</u>

If given as needed, specify length of time between doses

Is refrigeration needed for this medication?	Yes	No
Does medication need to return home each day?	Yes	No
If applicable, name of inhaler: _____		
Permission to carry inhaler and to self-administer?	Yes	No

I request and authorize that the above-named student be administered the above-identified medication(s) in accordance with the instructions indicated during the following time period:

_____ through _____
(not to exceed current school year)

I, PARENT/LEGAL GUARDIAN, ACCEPT RESPONSIBILITY FOR MONITORING THE EFFECTS OF THIS MEDICATION.

Parent/Legal Guardian

Date

REMINDER: All medications, regardless if prescription or over-the-counter, must come to school in the original bottle with written instructions and parental consent. All prescriptions must be labeled. Do not send medications in baggies!

HEALTH INFORMATION FORM

Student name: _____ Grade: _____

Permission for Non-Aspirin (Acetaminophen)

Please check one of the following options:

_____ Acetaminophen (non-aspirin), at a dose appropriate for my child's weight and age, may be given one time per school day if my child complains of mild headache or other minor discomfort. It is not necessary to call me before providing it.

_____ If my child complains of mild headache or other minor discomfort, I wish to be notified and I will make a decision about acetaminophen at that time.

Acetaminophen shall be administered by a school nurse or staff member trained in administering medication. Be assured that if your child is complaining of pain on an ongoing basis, you will be notified, regardless if permission for acetaminophen has been granted. In addition, if your child is receiving acetaminophen often, you will be asked to supply the medication.

This form shall not replace the practice of notifying a parent whenever a child has a fever > 100 degrees or is suspected of being ill.

Parent/Legal Guardian

Date

_____ School already has a complete immunization record on file.

If there are any recent immunizations that still need to be added to the school record, please provide those dates below.

Hepatitis B #1 _____

Hepatitis B #2 _____

Hepatitis B #3 _____

Other _____

Name of doctor, in case of emergency _____

Name of dentist, in case of emergency _____

Please check if student has the following conditions:

_____ Asthma _____ Diabetes _____ Seizure disorder

_____ SEVERE Allergies

_____ Other (please explain): _____

REMINDER: If your child is entering seventh grade or is an out-of-state transfer, a physical exam is required.

MCPHERSON COUNTY SCHOOLS MEDICAL RELEASE FORM

Student Name: _____ Date of Birth: _____

I hereby give consent, in the event all reasonable attempts to contact me have been unsuccessful, for immediate medical treatment as required in the judgment of the attending physician while _____ is absent from home _____ (date) to _____ (date).

Parent/Legal Guardian phone number(s) to call in case of an emergency:

Mom's Work _____ Mom's Home _____
Dad's Work _____ Dad's Home _____

Physician Name _____ Dentist Name _____
Work Phone _____ Work Phone _____
Home Phone _____ Home Phone _____

Medical Insurance Company _____
Policy # _____ Name of Insured _____

Information needed by any hospital or medical professional not having access to a medical history:

Allergies _____ Date of last tetanus _____
Medications _____
Physical impairments _____
Other pertinent facts to which physician should be alerted:

If parent/legal guardian cannot be reached in an emergency, call:

First Emergency Contact Telephone Number (with area code)

Second Emergency Contact Telephone Number (with area code)

In a medical emergency, I give consent to McPherson County Schools and its representative(s), to use discretion in rendering aid, arranging for, or consenting to procedures or treatment deemed necessary for my child. I agree to indemnify and hold harmless McPherson County Schools, and employees and representatives thereof, for any and all claims, arising from or on account of said procedures or treatments rendered in good faith and according to accepted medical standards. I assume the total financial responsibility for the above-named student and will not McPherson County Schools responsible in the event of an emergency.

Parent/Legal Guardian Date

ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN

I. CONTACT AND PLAN INFORMATION

Student's Name: _____ **Date of Birth:** ____/____/____

(Month) (Day) (Year)

Health Condition: Asthma Anaphylaxis (For this Plan "Health Condition" means the condition(s) checked)

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider: _____

Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts: _____

Relationship: _____

Telephone: Home _____ Work _____ Cell _____

**II. PARENT OR GUARDIAN
AUTHORIZATION, APPROVAL AND LIABILITY WAIVER**

The parents or guardians (hereinafter "Parent") request that [Name] Public Schools allow the Student to self-manage the health condition and accept and agree to this Medical Management Plan. The Guidelines for Asthma or Anaphylaxis Medical Management Plan are incorporated into and are a part of this Plan.

Parents understand and agree that if the Student injures school personnel or another student as the result of the misuse of necessary asthma or anaphylaxis medical supplies, Parents shall be responsible for any and all costs associated with such injury. Parents acknowledge that (a) the school and its employees and agents are not liable for any injury or death arising from the Student's self-management of the Student's Health Condition and Parents release same from any such claims and (b) Parents shall and do hereby agree to indemnify and hold harmless the school and its employees and agents against any claim arising from the Student's self-management of Student's Health Condition. This release, indemnification and hold harmless agreement shall take effect immediately and shall stay in effect for as long as the Student is provided permission to self-administer medication.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

III. STUDENT AGREEMENT

I will use the prescription asthma or anaphylaxis medication only as prescribed and as permitted by the

Plan. I will not share the medication with others and I will not create an unnecessary distraction to others. I have been instructed how to self-administer this medication and understand the side effects of improper use and will promptly report self-administration and follow the Guidelines. I understand that if I do not abide by these terms, I may be disciplined and that this Plan will be re-evaluated. I release the school and its employees of any liability in any way related to this Plan or my use of the medication.

Student signature:

Date:

IV. MEDICAL MANAGEMENT PLAN

A. Health care services the Student may receive at school relating to Student's Health Condition: See Guidelines (Part V).

B. Evaluation of Student's understanding of and ability to self-manage Student's Health Condition.

The parents/guardians and the Physician certify that the Student has a sufficient level of understanding and ability to self-manage the Student's Health Condition as follows:

1. Access to Prescription Asthma/Anaphylaxis Medication

- May have medication in Student's possession at any time.
- May have medication in Student's possession when the health office is not accessible (for example, when the Student is out of the school on field trips or participating in extracurricular activities) but should otherwise be maintained in the health office.
- May not have medication in Student's possession except for emergency use.

2. Self-Administration of Prescription Asthma/Anaphylaxis Medication

- May self-administer independently and without supervision. The Student has had training and is proficient in self-administering medication.
- May self-administer when the health office or school staff authorized to administer medication are not readily accessible (for example, when the Student is out of the school on field trips or participating in extracurricular activities); but should otherwise have medication administered by the health office or authorized school staff.
- May not self-administer except for emergency use.

C. It is agreed that this Plan permits regular monitoring of Student's self-management of Student's Health Condition by an appropriately credentialed health care professional.

D. Name, purpose and dosage of prescription asthma or anaphylaxis medication prescribed for Student: See Student Asthma/Anaphylaxis Action Plan (Part IV(F)).

E. Procedures for storage and access to backup supplies of such prescription medication for Student's Health Condition:

1. The Student, when permitted to be in possession of medication, will have only the prescription medication that might be needed for the Student's own use. For example, the Student may have one inhaler, but not two, unless the first is nearly empty

2. The school will store any backup supply needed in accordance with its medication storage procedures.
3. The student may have access to the backup supply when necessary by requesting such from the health office.

F. Student Asthma/Anaphylaxis Action Plan

Student Name: _____ **Date of Birth:** ____/____/____
 (Month) (Day) (Year)

EXERCISE PRECAUTION - Administer inhaler 15-30 minutes before exercise (eg, gym class, recess)

- Albuterol inhaler (Proventil, Ventolin) 2 inhalations

ASTHMA TREATMENT

Give or self-administer **quick relief medication** when Student experiences asthma symptoms such as, coughing, wheezing, or tight chest.

Quick relief medication:

- Albuterol inhaler (Proventil, Ventolin) 2 inhalations
- Pirbuterol inhaler (Maxair) 2 inhalations
- Albuterol inhaled *by nebulizer* (Proventil, Ventolin)
- 0.63 mg/3 mL
- 1.25 mg/3 mL
- Levalbuterol inhaled *by nebulizer* (Xopenex)
- 0.31 mg/3 mL
- 0.63 mg/3 mL
- 1.25 mg/3 mL
- May carry and self-administer metered-dose inhaler per Part IV(B) of Medical Management Plan.

IF SCHOOL STAFF INVOLVED-- CLOSELY OBSERVE STUDENT AFTER QUICK RELIEF ASTHMA MEDICATION IS ADMINISTERED

If after 10 minutes:

- Symptoms are improved, student may return to classroom after notifying parent/guardian.
- If no improvement in symptoms, repeat the above medication and notify parent/guardian immediately and determine student's ability to remain in school for the day.
- ***If student continues to worsen CALL 911 and INITIATE Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions Protocol (Asthma).***

ANAPHYLAXIS TREATMENT

Give or self-administer **epinephrine** when Student experiences allergy symptoms, such as hives, difficulty breathing (chest or neck "sucking in"), lips or fingernails turning blue, or trouble talking (shortness of breath).

- The Student has severe allergies to the following:

Epinephrine injection (please specify):

- EpiPen 0.3 mg Twinject 0.3 mg
- EpiPen Jr. 0.15 mg Twinject 0.15 mg

- May carry and self-administer epinephrine injection

IF SCHOOL STAFF INVOLVED--CLOSELY OBSERVE STUDENT AFTER EPINEPHRINE IS ADMINISTERED

- ***CALL 911 and closely observe the student.***
- Notify parent/guardian immediately.
- Even if student improves, the student should be observed for recurrent symptoms of anaphylaxis in an emergency medical facility.
- ***If student does not improve or continues to worsen, INITIATE Nebraska's schools Emergency Response to Life-Threatening Asthma***

per Part IV(B) Medical Management Plan.

or Systemic Allergic Reactions Protocol
(Anaphylaxis).

Possible adverse reactions to be reported to physician _____

Special instructions _____

I am the Student's Physician or other health care professional who prescribed the medication for treatment of the student's condition. Student has Asthma Anaphylaxis and has been prescribed the medication referenced above. Student has the ability to safely and responsibly self-manage Student's Health Condition in accordance with this Asthma or Anaphylaxis Medical Management Plan. I approve the Medical Management Plan and the Student Asthma/Anaphylaxis Action Plan and authorize Student to self-manage Student's Health Condition at school in accordance with the Plan.

Physician signature: _____

Date: _____

**V. GUIDELINES FOR
ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN**

Term of Plan: The plan is effective for the current school year. A new plan must be established each school year or more often if changes occur to the student's health or prescribed treatment or student's ability to self-manage.

Medications: The parents or guardians are responsible for supplying any and all prescription asthma/anaphylaxis medications required under the Plan; the school is not responsible for providing the medications. Prescribed asthma/anaphylaxis medications to be used by the Student under this Plan must be furnished in a current original container from the pharmacy with the student's name and the name of the medication, and where applicable, the strength and the dosage to be given. Inhalers must have a label attached to the inhaler itself, not on the packaging. If the prescribed medication, dosage or time of medication changes, the parents or guardians must promptly submit to the school nurse or designee the new prescription and as necessary a new asthma/anaphylaxis action plan. Any non-prescription medication must be furnished in the original container from the manufacturer. The school will store any backup supply needed in accordance with its medication storage procedures. The student may have access to the backup supply when necessary by requesting such from the health office.

Health care services the Student may receive at school relating to Student's Health Condition.

1. Standard health services available to all students.
2. Storage of backup asthma or anaphylaxis medication supplies.
3. Recording of student self-administration reports.

Consultations: The school may consult with a registered nurse or other health care professional employed by such school during development of the plan.

Permitted Self-Management: Pursuant to the Asthma or Anaphylaxis Medical Management Plan the Student shall be permitted to self-manage the Student's asthma or anaphylaxis condition in the classroom or any part of the school or on school grounds, during any school-related activity, or in any private location specified in the plan.

Student Reports of Self-Administration: The Student shall promptly notify the school nurse, the school nurse's designee, or another designated adult at the school when the Student has self-administered prescription asthma or anaphylaxis medication pursuant to the Plan.

Responses to Student Misuse: The possession of medications by Students is a violation of the school's drug and student conduct policies and may result in an expulsion from school. To the extent this Asthma or Anaphylaxis Medical Management Plan permits the Student to be in possession of prescribed asthma/anaphylaxis medications, the Plan allows the Student an exception to the school drug and student conduct policies. However, this exception only extends to the extent provided in the Plan. In the event the Student uses his or her prescription asthma or anaphylaxis medication other than as prescribed, or possesses medication other than as permitted by the Plan, the Student is subject to disciplinary action by the school, up to and including an expulsion. The school will promptly notify the parent or guardian of any disciplinary action imposed. The disciplinary action will not include a limitation or restriction on the student's access to such medication; however, it is agreed that in the event of any such misuse, a re-evaluation of the Student's understanding of and ability to self-manage Student's Health Condition will occur and the re-evaluation may result in a modification or termination of this Plan.

Sharing Plan: It is agreed that this Asthma or Anaphylaxis Medical Management Plan may be shared with school officials and agents who have a need to be aware of it; that those who have the

need to be aware of it include student health staff and also include staff responsible for student discipline (e.g. staff need to know that the Student is authorized to have the medication on the Student's person so the Student is not reported for a violation of the school's drug policies). The school officials who may be informed of the Plan thus include: administration, school nurse, school office staff, teachers and any paraeducators or specialists who provide services to the Student, and the coaches and sponsors of extracurricular activities in which the Student participates.

Filing of Plan: This Asthma or Anaphylaxis Medical Management Plan is to be kept on file at the school where the Student is enrolled.

**VI. SCHOOL NURSE ACKNOWLEDGEMENT OF
ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN**

- Parent Request and Liability Waiver signed Student Agreement signed.
- Management Plan (including Action Plan) signed by Physician.
- Guidelines reviewed with the Student and Parent/Guardian.
- Copy of Guidelines and Student Agreement received by Parent/Guardian for reference.

School Nurse or designee signature: _____

Date: _____

Asthma/Allergy Self-Management Log

Student Name _____

Student Date of Birth _____

Date Started	Medication	Dosage	Time	Frequency	Physician	Phone #

Date/time of report	Date/time administration	Observation/Complications	Employee Recording Student Report	Parent Notification
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
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				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form

Parents/Guardian _____ Phone _____

Teacher _____ Grade _____

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

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

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

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

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

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

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

EMERGENCY PROTOCOL:

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

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

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

(PHYSICIAN) Date

(PHYSICIAN) Date

(PHYSICIAN) Date

(PHYSICIAN) Date

Graduation Dress and Behavior

AR-5505

The following standards apply to senior students participating in graduation exercises at McPherson County High School.

Males

Dress shirt
Dress slacks or nice jeans
Socks
Dress shoes or boots

Females

Dress or dress slacks
Dress shoes

Items Prohibited

Hats
Sunglasses
Candy, gum, or food
Inappropriate banners, pins, buttons, etc.
Other items which may distract from the formality of the occasion

Students participating in graduation exercises shall exhibit socially acceptable behavior. Failure to comply with the above standards shall cause a student to forfeit the opportunity to participate in the graduation exercises. A student denied participation in graduation exercises because of noncompliance with these standards or a display of unacceptable behavior during the graduation program will have his or her diploma given to the board of education. Upon request by the student, the diploma may be received at the next regularly scheduled meeting of the board of education.

Sponsors of Student Activities

AR-5510

Sponsors of student activities, and teachers who attend professional meetings, shall submit the following information to their principal and the superintendent of schools for approval before a trip:

- (a) The name of the sponsors, if more than one school sponsor;
- (b) The itinerary, including:
 - (1) The route;
 - (2) The departure and arrival times;
 - (3) If overnight, the name of the hotel or motel, including telephone numbers; and
 - (4) A general itinerary for the day where the sponsor might be contacted in the event of an emergency; and
- (c) The general budget of costs to the school district and/or the participants, if any.

The sponsor shall be responsible for the conduct of the students on any trip, and he or she has complete authority and responsibility to maintain acceptable behavior on trips at all times. Acceptable behavior is that which would be expected if a student were in a regular school session as defined by the student disciplinary code printed in the student handbook. The use of narcotics, drugs, tobacco, or alcoholic beverages shall result in immediate disciplinary action. Refer to Policy 5560, Student Suspension, Expulsion, and Grievance Procedures.

The sponsor may terminate any trip for an individual or for a group at any point if, in his or her opinion, the trip ceases to fulfill its function.

Students shall be responsible for any property damage they cause and shall reimburse the school district for any costs or repairs, not to exceed the school district's insurance deductible, unless the destructive act is determined to be deliberate.

The sponsor shall be responsible for ensuring that the interior of the vehicle or vehicles used for the trip is maintained for cleanliness. The sponsor shall also inspect the vehicle(s) for any damages periodically during the trip and at the conclusion of the trip. The sponsor is to report any problems to his or her principal immediately upon return from a trip.

Refer to Policy 5335, Activity Buses, Vehicles Used for Student Transportation.

Substance Abuse/Activity Suspension

AR-5555

In order to ensure that students who participate in the school district's activities and athletic programs are informed about Policy 5555, Substance Abuse/Activity Suspension, each coach and/or organizational sponsor shall inform all students participating in each sport or activity of the penalties and consequences of violating the school district's policy on the prohibition of the possession, distribution, or use of tobacco, drugs, alcohol, anabolic steroids, or drug paraphernalia. This information shall be distributed during the first organizational meeting of each sport or activity each school year, with absent students being individually informed. An organizational roster shall be maintained indicating that participating students have been properly informed.

In addition, the provisions of the policy shall be incorporated into the McPherson County Schools Handbooks and Athletic Handbooks. Students participating in each sport, activity, organization, or class-related activity shall sign a verification form indicating an awareness of the provisions of the policy and an agreement to follow these provisions. Such verification form shall also be signed by the coach and/or organizational sponsor.

All coaches and organizational sponsors are required to uniformly enforce the policy without variation from the stated sanctions.

Denial of participation in "all extra-curricular activities" as specified in the policy shall include student activities in the Activities Program or Athletic Program. Students suspended from participating in "all extra-curricular activities" will not be able to participate in any public performance or public activity that is part of the Activities Program or Athletic Program.

Students on suspension under the policy may do the following:

- (a) Attend games, meetings, etc., but may not be an active participant. Sports team members shall attend games and sit on the bench behind the team and coach;
- (b) Attend a classroom field trip deemed necessary by the originating teacher; or
- (c) Perform in regularly scheduled band and chorus concerts.

Students on suspension under the policy may not do the following:

- (a) Be a royalty candidate for dances or games;
- (b) If an officer of an organization, perform those duties at any meeting or function of the organization;
- (c) Participate in the homecoming parade as part of an entry in the parade;
- (d) Receive any award or recognition for any award at an awards banquet or program;
- (e) Participate with the band at any athletic activity, including the homecoming parade, since the athletic program is sponsored by the NSAA; or
- (f) Be recognized at parents' night introductions.

The principal and activities director shall use their discretion to fairly and consistently address circumstances not covered within the policy or these guidelines.

Offenses and Penalties

AR-5560.1

Students are not to engage in conduct which causes or creates a reasonable likelihood that it will cause a substantial disruption in or material interference with any school function, activity, or purpose, or which interferes with the health, safety, well-being, or rights of other students, school district employees, or visitors. The following are the rules and standards of the school district regarding student conduct and behavior which have been established and duly adopted by the board of education. Such rules and standards help students, parents, and school district employees know exactly what behavior is expected or prohibited, in order to avoid uncertainty and misunderstandings that can cause troublesome incidents.

The infractions or offenses listed below are grouped into categories according to their seriousness. The list is not intended to be exclusive or all-inclusive. All types of infractions or offenses may not be included, and modifications will be made if necessary at the discretion of the principal. In all instances, the principal may modify the suggested penalties whenever extenuating circumstances appear to be present in order that justice may be tempered with mercy and understanding.

Conduct for which expulsion has been specified as a sanction has been found and determined by the board of education to have the potential to seriously affect the health, safety, or welfare of the student or other students, school district employees, or any other person or to otherwise seriously interfere with the educational process.

GROUP A

Group A Infractions/Offenses

The following conduct, if such conduct occurs on school grounds or during an educational function or event off school grounds:

- (a) Frequent tardiness;
- (b) Being in an unauthorized area without permission;
- (c) Littering on school grounds or in school buildings;
- (d) Improper care of books or school materials;
- (e) Deliberate damage to books or school property;
- (f) Marking or defacing school property;
- (g) Traffic or parking violation;
- (h) Improper use of a vehicle;
- (i) Forgery of pass or written excuse from home;
- (j) Unauthorized occupancy of school district facilities;
- (k) Inappropriate public display of affection, including kissing, touching, fondling, or other displays of affection that would be reasonably considered to be embarrassing or a distraction to others;
- (l) Wearing hats or caps in school buildings;
- (m) Disruptive behavior;
- (n) Throwing snowballs on school grounds;
- (o) Rowdy behavior or running in school buildings;

- (p) Eating outside of the cafeteria (commons area during lunch);
- (q) Inappropriate dress;
- (r) Other offenses appropriate to this category.

Group A Penalties

Any or all of these penalties may be imposed:

- (a) Notification to parents;
- (b) Warning;
- (c) Conference with student and parents;
- (d) After-school detention;
- (e) Sent home to change clothing;
- (f) Work assignment, extra assignment, or writing a theme;
- (g) Restriction of extracurricular activity; or
- (h) Financial restitution, which shall be required in all cases of deliberate damage, defacing, or destruction of school property.

Assessment of penalties (any of the above-listed penalties may be imposed at any time, listing of penalties for first or multiple offenses is only a guideline for administrators to consider):

- (a) First offense: Warning.
- (b) Second offense: Conference with student and parents; penalty imposed from list.
- (c) Third offense: Group C penalties apply.

GROUP B

Group B Infractions/Offenses

The following conduct, if such conduct occurs on school grounds or during an educational function or event off school grounds:

- (a) Truancy;
- (b) Attitude implying insolence toward a school district employee, when such attitude can be substantiated in the opinion of the principal, and whenever it is apparent that such employee has not intentionally aggravated the situation causing the attitude;
- (c) Intentional disturbance in class, cafeteria, or school function;
- (d) Leaving school grounds or authorized area without permission (except lunch time);
- (e) Fighting in school or on school property whenever blame can be attached to one or more students; instigating or being responsible for causing a fight to occur; or any deliberate involvement in a fight. The principal may, at his or her discretion, consider such offense to be a Group D offense or absolve the student from any complicity when, in his or her judgment, either a greater penalty is warranted or no penalty is warranted;
- (f) Smoking or other use of tobacco and/or smoking products, or possessing or displaying tobacco and/or smoking products within the restricted areas of school district property during the times school is in session or when

school activities are being held, before and after school, or during times when students are understood to be within the direct control of the school district;

- (g) Unauthorized absence from classes and study halls;
- (h) Tampering with report cards or other school records;
- (i) Swearing or vulgar or obscene language;
- (j) Failure to serve detention;
- (k) Cheating, plagiarism, or violation of academic integrity;
- (l) Open defiance of authority; or
- (m) Other offenses appropriate to this category.

Group B Penalties

Any or all of these penalties may be imposed:

- (a) Notification to parents;
- (b) Conference with student and parents;
- (c) Removal from class;
- (d) After-school detention;
- (e) In-school suspension up to three (3) days or short-term suspension;
- (f) Work assignment;
- (g) Restriction of extracurricular activity; or
- (h) Probation.

Assessment of penalties (any of the above-listed penalties may be imposed at any time, listing of penalties for first or multiple offenses is only a guideline for administrators to consider):

- (a) First offense: Notification to parents; penalty imposed from list.
- (b) Second offense: Short-term suspension out of school; conference with parents prior to student's return to school.
- (c) Third offense: Long-term suspension; expulsion; probation.

GROUP C

Group C Infractions/Offenses

The following conduct, if such conduct occurs on school grounds or during an educational function or event off school grounds:

- (a) Multiple or repeated violations of school district rules and regulations.

Group C Penalties

Any or all of these penalties may be imposed:

- (a) Notification to parents;
- (b) Conference with student and parents;
- (c) Short-term suspension (up to five (5) days);
- (d) Long-term suspension (up to twenty (20) days);
- (e) Work assignment;
- (f) Restriction of extracurricular activity;
- (g) Probation; or

- (h) Expulsion.

Assessment of penalties (any of the above-listed penalties may be imposed at any time, listing of penalties for first or multiple offenses is only a guideline for administrators to consider):

- (a) First offense: Penalty imposed from list.
- (b) Second offense: Short-term or long-term suspension out of school; conference with parents prior to student's return to school.
- (c) Third offense: Short-term or long-term suspension out of school and probation; conference with parents prior to student's return to school.
- (d) Fourth offense: Expulsion.

GROUP D

Group D Infractions/Offenses

The following conduct, if such conduct occurs on school grounds or during an educational function or event off school grounds:

- (a) Use of violence, force, coercion, threat, intimidation, or similar conduct in a manner that constitutes a substantial interference with school purposes;
- (b) Willfully causing or attempting to cause substantial damage to property, stealing or attempting to steal property of substantial value, or repeated damage or theft involving property;
- (c) Causing or attempting to cause personal injury to a school district employee, school volunteer, or any student;
- (d) Threatening or intimidating any student for the purpose of or with the intent of obtaining money or anything of value from such student;
- (e) Knowingly possessing, handling, or transmitting any object or material that is ordinarily or generally considered a weapon;
- (f) Engaging in the sale, use, possession, or dispensing of alcoholic beverages, tobacco, narcotics, drugs, controlled substances, or inhalants; being under the influence of any of the above; or possession of drug paraphernalia. Engaging in the sale, use, possession, or dispensing of an imitation controlled substance as defined in Neb. Rev. Stat. § 28-401, or material represented to be an alcoholic beverage, narcotic, drug, controlled substance, or inhalant;
- (g) Public indecency;
- (h) Sexually assaulting or attempting to sexually assault any person if a complaint has been filed by a prosecutor in a court of competent jurisdiction alleging that the student has sexually assaulted or attempted to sexually assault any person, including sexual assaults or attempted sexual assaults which occur off school grounds not at an educational function or event. Sexual assault shall mean sexual assault in the first degree and sexual assault in the second degree as defined in Neb. Rev. Stat. §§ 28-319 and 28-320, as such second now provide or be amended from time to time hereafter;

- (i) Engaging in any other activity forbidden by the laws of the State of Nebraska which activity constitutes a danger to other students or interferes with school purposes;
- (j) A repeated violation of any rules or standards validly established by the board of education or school district officials, if such violation constitutes a substantial interference with school purposes; or
- (k) Making a bomb threat, setting a false fire alarm, or starting or causing a fire.

Group D Penalties

Any or all of these penalties may be imposed:

- (a) Notification to parents;
- (b) Conference with students and parents;
- (c) Short-term suspension (up to five (5) days);
- (d) Long-term suspension (up to twenty (20) days);
- (e) Notification to law enforcement authorities;
- (f) Recommend enrollment in a drug or alcohol counseling program at the expense of the student or his or her parents;
- (g) Work assignment;
- (h) Restriction of extracurricular activity;
- (i) Probation; or
- (j) Expulsion.

Assessment of penalties (any of the above-listed penalties may be imposed at any time, listing of penalties for first or multiple offenses is only a guideline for administrators to consider):

- (a) First offense: Penalty imposed from list; probation, conference with parents.
- (b) Second offense: Expulsion.

GROUP E

Group E Infractions/Offenses

The following conduct, if such conduct occurs on school grounds or during an educational function or event off school grounds:

- (a) The knowing and intentional use of force in causing or attempting to cause personal injury to a school district employee, school volunteer, or student, except if caused by accident, self-defense, or on the reasonable belief that the force used was necessary to protect some other person and the extent of force used was reasonably believed to be necessary;
- (b) The knowing and intentional possession, use, or transmission of a firearm or other dangerous weapon; or
- (c) Bringing a firearm to school.

Group E Penalties

The penalty shall be expulsion for the remainder of the school year in which it took effect if the misconduct occurs during the first semester, and if the expulsion for such misconduct takes place during the second semester, the expulsion shall remain in effect for the first semester of the following school year. Such action may be modified or terminated by the school district at any time during the expulsion period.

If the offense is bringing a firearm to school, the penalty shall be expulsion from school for a period of not less than one year. The superintendent of schools may modify such one-year expulsion requirement on a case-by-case basis.

Probation

Probationary status may be given when a student has committed any offense or when, by the discretion of the principal, other methods of discipline would not be effective. A certified letter shall be written to the student's parents or legal guardian informing them of the problem and that the student is placed on probationary status for a specific length of time. One copy of this letter shall be kept by the superintendent and one copy shall be filed in the principal's office, if probation is given after a violation for which the student may be expelled.

A request to have the student expelled from school shall be submitted to the superintendent if the student continues to be troublesome. The student's parents or legal guardian shall be notified by certified letter if such action becomes necessary.

All students on probation must adhere to the following guidelines:

- (a) Must attend all classes and study halls for which he or she is scheduled, and be punctual;
- (b) Must obey all school rules and regulations;
- (c) Must be obedient, polite, courteous, and respectful of all school district employees;
- (d) Must respect the rights of his or her fellow students;
- (e) Must maintain passing grades in all subjects taken;
- (f) Must attend school every day, except for personal illness or death in the family. It is the responsibility of the student's parent or legal guardian to notify school authorities immediately of any such absences; and
- (g) Such other and further conditions as may be required in the discretion of the principal.

Any violation of these guidelines shall result in suspension and the principal's recommendation of expulsion.

Refer to AR-5560.1, Academic Integrity, and AR-5560.2, Electronic Devices, for additional student conduct guidelines.

Academic Integrity

AR-5560.1

Students are expected to abide by the standards of academic integrity established by their teachers and school administration. Standards of academic integrity are established in order for students to learn as much as possible from instruction, for students to be given grades which accurately reflect the student's level of learning and progress, to provide a level playing field for all students, and to develop appropriate values.

Cheating and plagiarism violate the standards of academic integrity. Contributing to academic integrity violations by participating in or assisting another in cheating or plagiarism is also a violation of the standards of academic integrity. Sanctions shall be imposed against students who engage in such conduct.

“Cheating” means intentionally misrepresenting the source, nature, or other conditions of academic work so as to accrue undeserved credit, or to cooperate with someone else in such misrepresentation. Such misrepresentations may, but need not necessarily, involve the work of others. Cheating may involve tests, quizzes, other examinations or academic performances, papers, essays, lab projects, and other similar academic works.

For tests, quizzes, or other examinations or academic performances, cheating may include, but is not limited to, the following:

- (a) Obtaining, reviewing, or sharing copies of tests or information about tests before they are distributed for student use by the teacher;
- (b) Using notes, textbooks, pre-programmed formulae in calculators, or other unauthorized materials, devices, or information while taking a test, except as expressly permitted;
- (c) Copying or looking at another student's answers or work, or sharing answers or work with another student, when taking a test, except as expressly permitted;
- (d) Having another student take one's place for a test, or taking a test for another student, without the specific knowledge and permission of the teacher; or
- (e) Presenting false or incomplete information in order to postpone or avoid the taking of a test.

For papers, essays, lab projects, and other similar academic works, cheating may include, but is not limited to, the following:

- (a) Copying another student's paper, using a paper from an essay writing service, or allowing another student to copy a paper without the specific knowledge and permission of the instructor;
- (b) Using a substantial portion of a piece of work previously submitted for another course or program to meet the requirements of the present course or program without notifying the instructor to whom the work is presented;

- (c) Having another person assist with the paper to such an extent that the work does not truly reflect the student's work. Assistance from home is encouraged, but the work must remain that of the student;
- (d) Accepting credit for a group project in which the student failed to contribute a fair share of the work; or
- (e) Presenting false or incomplete information in order to postpone or avoid turning in a paper when due.

Any unauthorized alteration of assigned grades by a student in the teacher's grade book or school records is a serious form of cheating.

"Plagiarism" means to take and present as one's own a material portion of the ideas or words of another or to present as one's own an idea or work derived from an existing source without full and proper credit to the source of the ideas, words, or works. Plagiarism includes, but is not limited to, the following:

- (a) Copying work (words, sentences, paragraphs, illustrations, or models) directly from the work of another without proper credit. Academic work frequently involves the use of outside sources, and the student must either place the work in quotations or give a citation to the outside source to avoid plagiarism; or
- (b) Presenting work prepared by another in final or draft form as one's own without citing the source, such as the use of purchased research papers or the use of another student's paper.

Sanctions for Violation of Academic Integrity

When a student engages in cheating, plagiarism, or contributing to a violation of academic integrity, the teacher shall refuse to accept the student's work in which the academic integrity offense took place, assign a grade of "F" or zero for the work, and require the student to complete a test or project in place of the work within such time and under such conditions as the teacher may deem appropriate. In the event the student completes the replacement test or project at a level meeting minimum performance standards, the teacher shall assign a grade which he or she determines to be appropriate for the replacement test or project.

The teacher shall also notify the principal of any academic integrity violations, and either the teacher or principal shall notify the student's parents or legal guardian. The student may be subject to other disciplinary sanctions as provided by board of education policy and rules, up to and including suspension or expulsion from school. Such additional disciplinary sanctions shall be given strong consideration where a student has engaged in serious or repeated academic integrity or other violations, and where the academic sanction set out above is otherwise not a sufficient remedy, such as for offenses involving altering assigned grades or contributing to academic integrity violations.

Electronic Devices

AR-5560.2

The school district strongly discourages students from bringing and/or using electronic devices at school as such use can be disruptive to the educational process. In order to maintain a secure and orderly learning environment, and to promote respect and courtesy regarding the use of electronic devices, the school district hereby establishes the following rules and regulations governing student use of electronic devices and procedures to address student misuse of electronic devices.

“Electronic devices” include, but are not limited to, cell phones, Mp3 players, iPods, personal digital assistants (PDAs), compact disc players, portable game consoles, cameras, digital scanners, laptop computers not provided by the school district, and other electronic or battery-powered instruments which transmit voice, text, or data from one person to another.

Students are not permitted to possess or use any electronic devices during class time or during passing time, except as otherwise provided by this regulation. Cell phone usage is strictly prohibited during any class period, including voice usage, digital imaging, or text messaging. Students are permitted to possess and use electronic devices before school hours, at lunch time, and after school hours, provided that the student not commit any abusive use of the electronic device as set out below. School district administrators have the discretion to prohibit student possession or use of electronic devices on school grounds during these times if the administration determines that such prohibition is appropriate. An announcement shall be given in the event of such a change in permitted possession or use.

Electronic devices may be used during class time when specifically approved by the teacher or a school district administrator in conjunction with appropriate and authorized class or school activities or events. Student may also used electronic devices during class time when authorized pursuant to an Individual Education Plan (IEP), a Section 504 Accommodation Plan, or a Health Care Plan, or pursuant to a plan developed with the student’s parents when the student has a compelling need to have the device.

Prohibited Use of Electronic Devices

Students shall not use electronic devices for (a) activities which disrupt the educational environment; (b) illegal activities in violation of state or federal laws or regulations; (c) unethical activities, such as cheating on assignments or tests; (d) immoral or pornographic activities; (e) activities in violation of board of education policies and procedures relating to student conduct and harassment; (f) recording others (photographs, videos, sound recordings, etc.) without direct administrative approval and consent of the person(s) being recorded, other than the recording of persons participating in school activities that are open to the public; (g) “sexting” as defined below; or (h) activities which invade the privacy of others. Appropriate disciplinary actions shall be imposed for such prohibited uses including, but not limited to, confiscation of the electronic device or suspension or expulsion from school.

“Sexting” means generating, sending or receiving, encouraging others to send or receive, or showing others, through an electronic device, a text message, photograph, video, or other medium that (a) displays sexual content, including erotic nudity, any display of genitalia, unclothed female breasts, or unclothed buttocks, or any sexually explicit conduct as defined in Neb. Rev. Stat. § 28-1463.02; (b) sexually exploits a person, whether or not such person has given consent to creation or distribution of the message, photograph, or video by permitting, allowing, encouraging, disseminating, distributing, or forcing such person to engage in sexually explicit, obscene, or pornographic photography, films, or depictions; or (c) displays a sexually explicit message for sexual gratification, flirtation, or provocation, or to request or arrange a sexual encounter.

Students who receive a sexting message are to report the matter to a school district administrator and then delete such message from their electronic device. Students shall not participate in sexting or have any sexting messages on their electronic devices, regardless of whether the message was received while on school grounds or at a school activity. Students who violate the prohibition against sexting shall be subject to the imposition of appropriate disciplinary actions, up to and including expulsion, and the following penalties shall be imposed at a minimum:

- (a) Students found in possession of a sexting message shall be subject to a one (1) day suspension from school.
- (b) Students who send or encourage another person to send a sexting message shall be subject to a five (5) day suspension from school.

Any use of an electronic device that may constitute a violation of federal or state laws and regulations, including, but not limited to, the Nebraska Child Protection Act or the Nebraska Child Pornography Prevention Act, shall be reported to appropriate legal authorities and law enforcement.

Disposition of Confiscated Electronic Devices

Electronic devices possessed or used in violation of this regulation may be confiscated by school district employees and returned to the student or his or her parent or legal guardian at an appropriate time. If an electronic device is confiscated, the electronic device shall be taken to the school’s main office to be identified, placed in a secure area, and returned to the student or his or her parent or legal guardian in a consistent and orderly way.

Students or their parents or legal guardians are expected to claim a confiscated electronic device within ten (10) days of the date it was confiscated. The school district shall not be responsible, financially or otherwise, for any unclaimed electronic devices. By bringing such electronic devices to school, students and parents authorize the school district to dispose of unclaimed devices at the end of each semester. The school district is not responsible for the security and safekeeping of students’ electronic devices and is not financially responsible for any damage, destruction, or loss of such electronic devices.

**INFORMATION WHICH MUST BE PRESENTED TO THE STUDENT
AND HIS OR HER PARENTS**

When a student faces long-term suspension, expulsion, or mandatory reassignment, Neb. Rev. Stat. § 79-268(2) requires that the school district provide the student and his or her parents or legal guardian with the information described below. The school district administration should be thorough in its presentation.

- (a) The rule or standard of conduct allegedly violated and the acts of the student alleged to constitute a cause for long-term suspension, expulsion, or mandatory reassignment, including a summary of the evidence to be presented against the student;
- (b) The penalty, if any, which the superintendent of schools has recommended in the charge and any other penalty to which the student may be subject;
- (c) A statement that, before long-term suspension, expulsion, or mandatory reassignment for disciplinary purposes can be invoked, the student has the right to a hearing, upon request, on the specified charges (included in the attached letter to the parents or legal guardian). Note: If the school district has decided that the student will be suspended until the hearing examiner made a recommendation to the superintendent (e.g., because the student has been violent, or the student's return will be disruptive to the school district), such shall be explained in detail in the letter to the parent or legal guardian;
- (d) A description of the hearing procedures provided by the act, along with procedures for appealing any decision rendered at the hearing;
- (e) A statement that the superintendent, legal counsel for the school district, the student and his or her parents or legal guardian, and/or the student's representative shall have the right to examine the student's academic and disciplinary records and any affidavits to be used at the hearing concerning the alleged misconduct, and to know the identity of the witnesses to appear at the hearing and the substance of their testimony; and
- (f) A form on which the student and his or her parents or legal guardian may request a hearing, to be signed by such parties and delivered to the superintendent in person or by registered or certified mail.

LETTER TO PARENTS RECOMMENDING STUDENT EXPULSION

(DATE)

(Name of Parents)
(Name of Student)
(Address)

Dear Mr. and Mrs. (Name) and (Student's Name):

I am writing to inform you that it has been recommended that (Student's Name) be expelled for (One Semester, Two Semesters, a Calendar Year). The recommendation is based on (Student's Name) violation of (state the policies, rules, regulations, classroom rules, and/or other standards which the student violated. The explanation of the misbehavior should be as detailed as possible).

Pursuant to Nebraska statutes, (Student's Name) has been suspended from school until the date that the expulsion takes effect, or if you request a hearing, the date that the hearing examiner makes the report of his or her finding and recommend the action to be taken by the superintendent of schools.

If you wish, you are entitled to a hearing on the proposed expulsion. In order to stay the imposition of the expulsion, you must request the hearing within five (5) school days of your receipt of this notice. A request form has been enclosed for your convenience. You may also waive the opportunity for a hearing. If you request a hearing after five (5) days but within thirty (30) days of receipt of this notice, you will receive a hearing, but the expulsion will take effect and remain in effect pending the outcome of the hearing.

If you request a hearing, a hearing examiner will be appointed and a hearing will be scheduled to be held within five (5) school days of the receipt of your request. The hearing examiner will recommend the disciplinary action, if any, that should be taken. The superintendent will review the hearing examiner's recommendation and will decide on the appropriate disciplinary action. The superintendent's decision may be different from the hearing examiner's recommendation; however, the final disciplinary action may not be more severe than that recommended by the hearing examiner. If you have requested a hearing within five (5) school days of receiving this notice, the final disciplinary action will not begin until it is communicated to you.

Before any hearing, all academic and disciplinary records will be available for your examination, along with any written statement to be used at the hearing. Upon request, you will be told the names of the witnesses who the school district will present and the substance of their testimony. If you need assistance in interpreting any academic or disciplinary records or in developing any information from the school district's records, a school district official will be made available to help you.

At the hearing, a representative of the school district will present the case supporting the proposed expulsion. You may bring a representative, including an attorney, to the hearing where you may question the school district's witnesses and present witnesses, documents, and evidence of your own. You will be given an opportunity to question any witnesses who are called on behalf of the school district. Likewise, the school district's representative will have an opportunity to question anyone whom you call as a witness.

If you are dissatisfied with the superintendent's decision, you may appeal it to the board of education by filing a written appeal with the superintendent or the secretary of the board of education within seven (7) days of receiving the decision. The disciplinary action will remain in effect during the appeal unless the board of education decides otherwise. The appeal shall be made solely on the record of the hearing, except that the board of education may hear new evidence to avoid a substantial threat of unfairness.

If you are dissatisfied with the board of education's decision, you may appeal the decision to the district court within thirty (30) days after receiving notice of the board's decision.

I have enclosed a copy of our school district's Student Discipline policy (and Firearms policy), which sets out the hearing and appeal procedures.

If you have any questions, please contact me.

Respectfully,

(Superintendent's Name)
Superintendent of Schools

Enclosure

REQUEST OR WAIVER OF HEARING
McPherson County Schools

Student's Name _____

Notice of Possible Disciplinary Action Dated _____

We have received a copy of the notice of possible disciplinary action and:

_____ **We waive a hearing.**

_____ **We request a hearing.**

The reason for this request is: _____

Student Signature

Parent Signature

Return to: Superintendent
McPherson County Schools
P.O. Box 38
Tryon, NE 69167-0038

Date Received by Superintendent

GUIDELINES FOR THE COMPLETION OF CLASS WORK

Neb. Rev. Stat. § 79-265 states as follows: “Any student who is suspended pursuant to this section [i.e., short-term suspension] may be given an opportunity to complete any class work, including, but not limited to, examinations, missed during the period of suspension. School officials shall develop and adopt guidelines stating the criteria that will be used in determining whether and to what extent such opportunity for completion will be granted to suspended students. The guidelines shall be provided to the student and parents or guardian at the time of suspension.”

For (Student’s Name), McPherson County Schools will comply with this statutory requirement by providing for regular classroom assignments and/or an alternative program of (any other alternative). The suspended student will be required to report to the high school principal’s office to receive classroom assignments and/or projects during times the regular school classes are not in session, and will be supervised during study and/or student work time in the mentoring room during times the regular school classes are not in session. The student will be expected to comply with class work expectations, times, and dates for period of assistance with school work as determined by the high school principal.

McPherson County Schools is willing to consider making arrangements other than those identified in the preceding paragraph to make reasonable accommodations for the student to receive and/or submit classroom assignments during the term of suspension.

HEARING EXAMINER'S NOTICE TO PARENTS AND STUDENT

(DATE)

(Name of Parents)

(Name of Student)

(Address)

Dear Mr. and Mrs. (Name) and (Student's Name):

I have been appointed to serve as the hearing examiner regarding the proposed expulsion of (Student's Name) from McPherson County Schools for the remainder of the _____ semester of 20__-__ school year. By statute, the hearing, which has been requested, must be scheduled within five (5) school days of the request for the hearing. As we discussed on the telephone, the hearing has been scheduled for (Date) beginning at (Time). The hearing will be conducted in the (Location of Hearing) of McPherson County Schools. The address is 525 Hwy. 92, Tryon, NE 69167.

As hearing examiner, I will preside over the hearing. I will be available prior to the hearing to answer any questions you or your attorney or representative may have regarding the nature and conduct of the hearing. I am available at my office between the hours of (Specify Hours). My office telephone number is (Phone Number).

You and your attorney or representative have the right to examine (Student's Name)'s academic and disciplinary records and affidavits which might be used at the hearing concerning (his/her) alleged misconduct. You also have the right, upon asking the school district administration, to know the identity of the witnesses who will appear at the hearing, as well as the substance of their testimony, and to review any written affidavits to be used at the hearing.

As hearing examiner, I am statutorily bound by the rules of evidence at the hearing. You will have the right to question any witnesses giving information at the hearing. (Student's Name) may testify and you may call witnesses to testify on (his/her) behalf and may introduce documents in support of (his/her) position. Witnesses whom you call may be questioned by the school district administration regarding their testimony. The testimony of all witnesses will be given under oath. If (Student's Name) chooses not to testify, (he/she) will not be punished or threatened with punishment for choosing not to testify. I am available to assist you in obtaining the attendance of witnesses. Please contact me as soon as possible if you need assistance.

After the hearing has been concluded, I will review the testimony and documents. I will report my findings and recommendations to (Superintendent's Name), Superintendent of Schools. My recommendations may range from no action through the entire field of counseling to the expulsion recommended by the superintendent. Superintendent (Superintendent's Name) will then send you a notice of (his/her) decision, as well as my findings and recommendations.

I will enclose an outline of the hearing procedure. If you have any questions, or if I can be of any assistance to you, please contact me.

Yours truly,

(Hearing Examiner's Name)
Hearing Examiner

Copy: (Superintendent of Schools)

Enclosure

INFORMATION SHEET FOR DUE PROCESS HEARING PARTICIPANTS

This due process hearing will be conducted as follows:

- (a) An electronic recording (voice or video) will be made of the entire hearing process. The recorder will be turned on as the hearing participants assemble.
- (b) At the beginning of the hearing, the hearing examiner will explain the hearing procedure. If there are any questions regarding the hearing procedure, the hearing examiner will answer them at this time.
- (c) An oath or affirmation will be administered to all those who testify.
- (d) A school district official or representative will present information supporting the charge or charges and proposed sanction. Other witnesses may also testify on behalf of the school district.
- (e) The student and/or his or her parents or representative may question any school district officials and other witnesses who testify on behalf of the school district and the information they present.
- (f) The student and/or his or her parents or representative will present any information they have relevant to the charge or charges and proposed sanction. This would be the appropriate time for the student to give his or her account of the incident. Other witnesses may also testify on behalf of the student.
- (g) The school district official or representative may question any witnesses who testify on behalf of the student and the information they present.
- (h) The school district official or representative will be given an opportunity to make a closing statement.
- (i) The student and/or his or her parents or representative will be given an opportunity to make a closing statement.
- (j) The hearing will be closed and the recorder will be turned off at the end of the hearing.
- (k) If a language interpreter, hearing device, or other aid is needed, please let the hearing examiner know in sufficient time prior to the hearing so that arrangements can be made.

FOR HEARING EXAMINER ONLY

HEARING EXAMINER'S OPENING STATEMENT

This hearing is being recorded electronically by a (tape or video) recorder. I will read the following statement, which explains the purpose of the hearing and the procedure we will follow during the hearing.

My name is (Name). I have been appointed to act as the hearing examiner in this case. The date is (Date) and the time is (Time). This hearing regarding the proposed (Proposed Sanction) of (Student's Name) will be conducted in compliance with McPherson County Schools' board of education policy and the laws of Nebraska. In accordance with these laws, the hearing must be recorded and is presently being recorded.

As a means of identifying for the record those who are present today, I will ask each individual to state his or her name and involvement in this hearing. _____, would you please begin by stating your name and your involvement in the hearing.

As the hearing examiner, I am responsible for considering the information presented today and making two decisions based on that information. The first decision will be whether (Student's Name) engaged in the action specified in the charge by the school district. The second decision will be to recommend the appropriate sanction if I feel that any sanction is warranted. I will file a written report of my findings and recommendations with the superintendent of schools, who will make the final decision.

It is important for everyone to understand that my recommendation will be based entirely on the information presented in the hearing.

Are there any questions regarding the purpose of this hearing?

It is the responsibility of each party to provide complete and accurate information about this matter. Charges may be withdrawn or modified until the close of this hearing.

A recess of a few minutes may be granted when appropriate. However, the hearing will be postponed or delayed only for reasons that I judge to be sufficient.

The hearing will begin with the school district representatives presenting the charge and evidence to support that charge. After the testimony of each witness called by the school district, (Student's Name) and (his/her) parents or representative will be given an opportunity to question the witness.

At the conclusion of the school district's presentation, (Student's Name) and (his/her) parents or representative will have an opportunity to present any evidence they have. After the testimony of each witness called by (Student's Name), the school district officials or representative will be given an opportunity to question the witness.

After the evidence has been presented, both parties will be given an opportunity to make closing statements to summarize their positions.

At this time, I caution both parties that, following the closing comments, you will not have another opportunity to present more information, unless all parties present today agree to a change of procedure.

Any witnesses who testify will be administered an affirmation prior to testifying. Witnesses will be excused by me when their testimony has been completed. Witnesses other than the principal parties will be excluded from the hearing.

If anyone has a question about procedure during the hearing, please feel free to ask it. Are there any questions?

(School District Representative), will you please begin the presentation of the school district's case by calling your first witness.

AFFIRMATION

Question: Do you affirm that the testimony you are about to give will be the truth, the whole truth, and nothing but the truth?

Response: I do.

Please proceed.

FOR HEARING EXAMINER ONLY

HEARING PROCEDURE GUIDE

Procedure

Turn on the recording device.

Distribute information sheets to participants.

Read the Opening Statement

Affirmation (Oath)

You may wish to swear all the witnesses in at the beginning of the hearing. This is helpful in cases when parents cannot restrain themselves from testifying or arguing during the hearing.

School District's Presentation

Presentation by school district officials or representative.

- (a) Charges;
- (b) Supportive information;
- (c) Recommendations.

Swearing in of witnesses (affirmation).

Questioning of the witnesses by school district officials or representative.

Questioning of the witnesses by student, parents, or representative.

Student's Presentation

Presentation by student, parents, or representative.

This is the appropriate time for the student to give an account of the incident.

Swearing in of witnesses (affirmation).

Questioning of the witnesses by student, parents, or representative.

Questioning of the witnesses by school district officials or representatives.

Closing Statement

Permit closing statements by the school district official or representative, and then the student, parents, or representative.

Read the Following

I will consider the evidence, make findings of fact, and make a recommendation to the superintendent of schools about the appropriate action to be taken. After reviewing my report, the superintendent will decide what sanction to impose, but may not impose one that is more severe than the one I recommend. The superintendent's determination will be final and will be communicated to the student and his or her parents. If they are not satisfied with it, they have the right to appeal it to the board of education.

This hearing is closed at _____ (A.M./P.M.)

**HEARING EXAMINER'S CONVEYANCE LETTER
TO THE SUPERINTENDENT OF SCHOOLS**

(DATE)

(Name of Superintendent of Schools)
Superintendent of Schools
McPherson County Schools
525 Hwy. 92
P.O. Box 38
Tryon, NE 69167

Re: (Student's Name)
Recommendation for Expulsion

Dear (Superintendent's Name):

Enclosed are my findings and recommendation regarding the proposal to expel (Student's Name) from McPherson County Schools. Based on the information that was presented at the hearing, I have recommended that (Student's Name) be expelled for the remainder of the 20__-__ school year.

By statute, you are responsible for deciding what sanction to impose, if any. Neb. Rev. Stat. § 79-282(2) permits you to "change, revoke, or impose the sanction recommended by the hearing examiner." If you change the sanction, you may not impose one that is "more severe" than my recommendation. However, as I have recommended expulsion, any alternative sanction would be less severe than the recommendation.

Your decision will take effect when it and a copy of my findings and recommendation are communicated to (Student's Name) and (his/her) parents. Neb. Rev. Stat. § 79-283(1) states that you shall notify the parents of your decision by certified or registered mail or by personal delivery to the student or the student's parent or legal guardian. If you have any questions about any of these findings or my recommendation, please let me know.

Yours Truly,

(Name of Hearing Examiner)

Enclosure

SAMPLE FINDINGS OF FACT

IN THE MATTER OF (Hearing Examiner's) EXPULSION OF (Student's Name) RECOMMENDATION

The matter of the proposed expulsion of (Student's Name) from McPherson County Schools for the (first or second) semester of the 20__-__ school year was heard on (Date). The hearing was conducted in the (Specific Location of the Hearing) at 525 Hwy. 92, Tryon, NE 69167. The hearing commenced at (Time) and concluded at (Time). Hearing Examiner (Name of Hearing Examiner) conducted the hearing. (Student's Name) was present, as were (his/her) parents, Mr. and Mrs. (Name). (Student's Name) was represented by (Name of Attorney), (his/her) attorney. Superintendent of Schools (Name of Superintendent) was present and represented by (Name of Attorney), attorney at law. The hearing was recorded by (tape or video) recording.

The school district administration introduced evidence, consisting of oral testimony and Exhibit Nos. (Specify Exhibit Numbers). The following persons testified on behalf of the administration: (Names of Witnesses).

Evidence was introduced on behalf of (Student's Name), consisting of oral testimony and Exhibit Nos. (Specify Exhibit Numbers). The following persons testified on behalf of (Student's Name): (Names of Witnesses).

Having review the testimony and documents introduced at the hearing, I made the findings and recommendation set forth below.

FINDINGS OF FACT

1. By letter dated (Date), (Name of Administrator) notified Mr. and Mrs. (Name of Parents) and (Student's Name) of the proposal to expel (Student's Name) for the remainder of the (first or second) semester of the 20__-__ school year (Exhibit No. ____). The letter met all requirements of the Student Discipline Act, Neb. Rev. Stat. §§ 79-255 to 79-292.
2. Mr. and Mrs. (Name of Parents) requested a hearing on the form provided by the school district (Exhibit No. ____). The school district received the request on (Date Received).
3. By letter dated (Date), the Hearing Examiner notified Mr. and Mrs. (Name of Parents) and (Student's Name) of the time, date, and place of the hearing (Exhibit No. ____).
4. By letter dated (Date), (Name of Administrator) notified Mr. and Mrs. (Name of Parents) of the names of the witnesses who would testify at the hearing and provided them with written statements of the witnesses (Exhibit No. ____). The letter was sent by certified mail.
5. Mr. and Mrs. (Name of Parents) and (Student's Name) were notified of the proposal to expel (Student's Name) and of the hearing as required by law.

6. Specify the facts of the case.
7. The rules of conduct are contained in the student handbook (Exhibit No. ____). See "Suspension and Expulsion" on pages __ and __ in particular. The rules of conduct are clear and definite.
8. The rules of conduct contained in the student handbook are reasonably necessary to carry out or prevent interference with the educational function of the school district.
9. The rules of conduct contained in the student handbook were distributed to (Student's Name) and (his/her) parents at the beginning of the 20__-__ school year. Exhibit No. ____ is a receipt signed by (Student's Name) attesting to (his/her) receipt of a copy of the handbook, as well as (his/her) agreement to read it and to take a copy to (his/her) parents to read.
10. The rules of conduct were posted in conspicuous places in the school throughout the school year.
11. (Student's Name)'s (cite the specific act committed) violated the rules of conduct contained in the student handbook which provide for out-of-school suspension or expulsion for the following kinds of misbehavior:
 - #. *The commission of a serious act of defiance toward a teacher or other school district employee, either in acts or words.*
 - #. *Any act of violence against the person or property of any teacher, other school district employee, or student.*
 - #. *The possession, use, or transmittal of any object or material which is ordinarily or generally considered a weapon.*
 - #. *Continued willful disobedience.*
 - #. *Failure to follow established rules and procedures.*
12. (Student's Name)'s (cite the specific act committed) violated Neb. Rev. Stat. § 79-267 of the Student Discipline Act, which states in pertinent part:

The following student conduct actions shall constitute grounds for long-term suspension, expulsion, or mandatory reassignment, subject to the procedural provisions of the Student Discipline Act, when such activity occurs on the school grounds or during an educational function or event off school grounds.

 - (1) Use of violence, force, coercion, threat, intimidation, or similar conduct in a manner that constitutes a substantial interference with school purposes.
 - (2) Knowingly possessing, handling, or transmitting any object or material that is ordinarily or generally considered a weapon.
13. (optional) (Student's Name)'s actions were threatening and intimidating and constituted a substantial interference with school purposes.
14. (optional) The (object or material) in (Student's Name)'s possession is ordinarily or generally considered a weapon.
15. (Student's Name) actions took place on school grounds)
16. Neb. Rev. Stat. § 79-283(3), part of the Student Discipline Act, permits expulsion for the remainder of the school year for the "knowing and intentional possession, use, or transmission of a firearm, or other dangerous weapon..."
17. (Student's Name) is not identified as a student who qualifies for special education services.

RECOMMENDATIONS

I recommend that (Student's Name) be expelled from McPherson County Schools for the remainder of the (first or second) semester of the 20__-__ school year. Though expulsion is the severest sanction authorized by law, it is my judgment that it would be in both (Student's Name) and the school district's best interests if (he/she) be expelled. (Student's Name)'s behavior poses a danger to all other persons in McPherson County Schools. (His/her) behavior has been volatile and (he/she) has displayed a quick and strong temper. (Student's Name) poses too great a danger to other students and to school district employees to permit (him/her) to be retained as a student.

(Student's Name) poses a danger to (himself/herself). A sanction as severe as expulsion is warranted and necessary to impress upon (Student's Name) the gravity of (his/her) misbehavior and to effect a change in (his/her) behavior. I am convinced by the testimony that Superintendent (Name of Superintendent) does not take expulsion lightly and that the recommendation to expel (Student's Name) was reached after careful and deliberate consideration of the consequences.

I, therefore, recommend that (Student's Name) be expelled from McPherson County Schools for the remainder of the (first or second) semester of the 20__-__ school year.

(Name), Hearing Examiner

Dated this ____ day of _____, 20__.