

You are receiving a District Code of Conduct handbook. It is essential that you review the handbook with your child. Parents and students are required to acknowledge receipt of this information as a supplement to the BCPS Code of Student Behavior and Discipline handbook. The entire BEHS Student Handbook will be reviewed on the first day of school and will be posted on our webpage at www.bullittschools.org/2/home under the Students tab. Please review these policies and sign at each "X" below.

Chris Mason, BEHS Principal

Knowledge of access to BEHS Student Handbook

My child and I understand and agree to adhere to the policies and procedures described in the BEHS handbook. We fully understand where we can access policies regarding such things as Academic Honesty, Discipline, SBDM Council Information, Attendance Policy, Dress Code Policy, Graduation Requirements, and Senior Project policies and procedures. The student handbook can be found on our webpage at www.bullittschools.org/2/Home.

X _____
PARENT SIGNATURE **Date**

X _____
STUDENT SIGNATURE **Date**

Expectations for Student Dress

My child and I understand and agree to adhere to the guidelines for Expectations for Student Dress given to me by Bullitt East. We fully understand that dress that is disruptive to the educational process is not permitted, and students whose style of dress is inappropriate for school will be subject to consequences.

X _____
PARENT SIGNATURE **Date**

X _____
STUDENT SIGNATURE **Date**

Cell Phone Policy

My child and I understand and agree to adhere to the policies and procedures given to me by Bullitt East regarding Cell Phones. We fully understand the consequences for a **FIRST OFFENSE**, **SECOND OFFENSE**, and a **THIRD OFFENSE**. Possession of these devices at school will be at your own risk. The school will not be responsible for loss or theft of personal property.

X _____
PARENT SIGNATURE **Date**

X _____
STUDENT SIGNATURE **Date**

Attendance Policy

Please refer to page 24 in the District handbook for the district attendance requirements. A student has 5 days to turn in all school notes either from a parent or a physician. We fully understand the expectations for attendance given to us by the district.

X _____
PARENT SIGNATURE **Date**

X _____
STUDENT SIGNATURE **Date**

Student Accident Insurance

Our district offers a Voluntary Student Accident Insurance. This year it will be provided by Bollinger Specialty Group. If you have any questions please contact them directly at www.BollingerSchools.com or by calling 1-800-350-8005. Additional information will be located on the District website.

***Please note in your Student Behavior and Discipline handbook you will also find information on Attendance Requirements, Absences and Excuses, Medical Excuse Form, Medication Guidelines, School Bus Regulations, Bullying, and Infinite Campus Parent Portal. If you have any questions please do not hesitate to call the school at 869-6400.**

BULLITT COUNTY BOARD OF EDUCATION
Code of Student Behavior and Discipline
Acknowledgement Page

2019 - 2020

Complete and sign the Acknowledgement Page and any other appropriate forms in this handbook and return them to your child's school.

Student Name

Homeroom Teacher



As the parent(s) or guardian(s) we have read and discussed the ***Code of Student Behavior and Discipline***, including ***School Bus Rules/Regulations***, with our child. I understand it is my responsibility to immediately notify my child's school of any changes in my contact information – telephone numbers, physical address, e-mail address and any other pertinent information. It is imperative that the school be able to reach parents/guardians in an emergency.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Student's Signature

Date

Please return with this form:

- Publication Consent Form**
- Student Drug Testing Procedure**
- Electronic Access/User Agreement Form**

Each school shall maintain the record of the Acknowledgement Page signed by the student and parent for the current school year. The entire policy and procedure manual can be found online at <http://policy.ksba.org/b18/>. Go online to bullittschools.org to review any cited policies or procedures updated during the school year in the Code of Student Behavior and Discipline.

STUDENTS

Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes.

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's website, school social media pages and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child for the current school year. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of _____, I/we give the

Student's Name

Bullitt County Public School District permission to release my/our child's name, photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print.) _____

Parent/Guardian's Signature

Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

REQUIRED

Electronic Access/User Agreement Form

STUDENT FORM

Student Name _____		_____		_____	
<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>	
Address _____			_____		_____
			<i>City</i>		<i>State</i>
Age _____		Date of Birth _____		Sex: (Circle One) M or F	
				Phone Number _____	
Grade _____		School _____		Homeroom/Classroom _____	

As a user of the Bullitt County District's computer network, I hereby agree to comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

Student Name (Please print) _____

Student Signature *Date*

Students will be supervised by a staff member during any Internet access in classrooms.

As the parent or legal guardian of the student signing above, I grant permission for my child to access networked computer services such as the Internet. I understand that my child will be supervised while selecting, researching, sharing or exploring electronic information and media. However, I realize that some objectionable materials could be inadvertently encountered.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resource provided by the District and the Kentucky Department of Education are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the email address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the Service Agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian *Date*

Email Address: _____

Daytime Phone Number: _____ Evening Phone Number: _____

NOTE: Federal law requires the District to monitor online activities of minors.

(See Pg. 21-23 for Telecommunication Devices and Access to Electronic Media)

Student Drug Testing Procedures

Bullitt County Public Schools

Student and Parent/Guardian Consent to Perform Urinalysis for Drug Testing

As the parent or legal guardian of the student signing below, I acknowledge that I have read Policy 09.423 (Use of Alcohol, Drugs, and Other Controlled Substances) and Procedure 09.423 AP.21 (Student Drug Testing Procedures) and have consented to participate in the drug testing program for the entire school year by circling Option 1 for Mandatory Testing, or Option 2 for Voluntary Testing. Option 3 indicates that I decline participation at this time for my student. I understand for my student to be eligible for any sport(s) or extracurricular participation, or as a student driver who parks on campus, Option 1 must be selected.

Print Student's Name: _____ School: _____ Homeroom: _____

Student's Address: _____ Zip: _____

Date of Birth: _____ Circle Grade: 6 7 8 9 10 11 12 Male Female

CHECK the desired OPTION below to acknowledge your agreement to participate in:

OPTION 1 (MANDATORY)
**Athletic,
Extracurricular,
Student Drivers and
Work Ethic Seal**

OPTION 2 (VOLUNTARY)
**VOLUNTARY POOL as
an Active Parent**

OPTION 3 (DECLINE)
*(still must sign and
return)*

Circle any or all Bullitt County School sponsored sport(s) or extracurricular activity in which the student is involved:

You are not required to list Park and Rec., YMCA, or any other private sport involvement.

- | | | | | | | |
|---------------|---------------|------------|-----------|--------------|----------------|------------------|
| Academic Team | Archery | Basketball | Baseball | BETA | Bowling | Cheerleading |
| | | | | | | Forensics/Debate |
| Chess Team | Cross Country | Dance Team | FBLA | FFA | Football | |
| Golf | NHS | Softball | Soccer | STLP | Student Driver | Swimming |
| Tennis | Track | Volleyball | Wrestling | Bass Fishing | Robotic | Marching Band |

Other sports or extracurricular activities (Please list) _____

Print Student's Name

Student's Signature

Print Parent/Guardian's Name

Parent/Guardian's Signature

Date

