

Fiscal Year End  
Friday, August 28, 2015 6:00 PM

MS/HS Library  
565 Kimmel Street  
Osceola, NE 68651-0198

## **Agenda**

1. Osceola Public Schools Board of Education Information
2. Opening Procedures
  - 2.1. Call the Meeting to Order
  - 2.2. Roll Call
  - 2.3. Excuse Board Members Who Are Absent
3. Approval of Agenda
4. Action Items
  - 4.1. Consent Agenda
    - 4.1.1. Approval of the Previous Meeting's Minutes
    - 4.1.2. Payment of general fund claims of \$219,502.79
    - 4.1.3. Payment of depreciation/equipment fund claims of \$32,085.00
    - 4.1.4. Payment of special building fund claims of \$5,659.78
  - 4.2. Consider, Discuss and take all necessary action to adopt Return to Learn Policy 6286
  - 4.3. Consider, Discuss and take all necessary action to amend Student Admissions - Forms Policy 5001
  - 4.4. Consider, discuss and take all necessary action to amend Homeless Policy 5418.
  - 4.5. Consider, Discuss and take all necessary action to adopt Fire Drills, Emergency Plans Policy 6115.
  - 4.6. Consider, discuss and take all necessary action to approve local sub support for Tanya Crawford.
5. Next Meeting Dates and Times
  - 5.1. Regular meeting, September 14th, 2015, 6:00 PM at the Osceola Middle/High School Library.
6. Adjournment

**Board of Education Regular Meeting**

August 10, 2015 6:00PM

Middle School/High School Media Center

**1. Osceola Public Schools Board of Education Information**

Notice of this meeting was posted at the Jeffrey Elementary School, Osceola Middle School/High School, Pinnacle Bank of Osceola, and the Osceola Post Office. A copy of the agenda items is tentative and may be changed by the Board if necessary.

**2. Opening Procedures**

**2.1. Call the Meeting to Order**

President Schleif called the regular meeting to order at 6:04PM and informed those in attendance that a current copy of the Open Meetings Act is posted in the meeting room, then directed the public to its location.

**2.2. Roll Call**

Present Board Members:

Jennifer Boruch	Jodie Roberts
John Kropatsch	Tom Schleif
Mike Neujahr	Darin Sterup

**2.3. Excuse Board Members Who Are Absent**

There were no board members absent.

**3. Approval of Agenda**

**Motion Passed:** Approval of the agenda as written passed with a motion by Darin Sterup and a second by Jodie Roberts.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**4. Recognition of Visitors/Communications from the Public**

There were no visitors.

**5. Reports**

**5.1. Principals' Reports**

**5.1.1. Elementary Report**

Elementary Principal Webster gave his oral and written report about: the Burger Bash on Sunday; new Elementary release schedule; first day of school; student numbers at this point; and a teacher that will be missing days due to health issue. He also talked about his new athletic duties and games for fall sports!

Thank you to the Fire Department for hosting the Burger Bash!

**5.1.2. MS/HS Report**

MS/HS Principal Maynard gave his oral and written report about: Middle/High School computer checkout; sixth grade orientation; Open House scheduled for August 13<sup>th</sup> at 6:30PM; staff development scheduled for August 11th through August 13<sup>th</sup>; first day for all students scheduled for August 14<sup>th</sup> with a 1:30PM release time; new staff members/coaches; student enrollment numbers; final class schedule numbers; and suicide prevention training through Kognito.

**5.2. Superintendent's Report**

Superintendent Rinehart gave his oral and written report about: different Striv-TV packages; joining NASB National Affiliate; review NASB points of board members; NASB's regional meetings are being held in September; the progress of

the budgets; change in auditors for the district due to current auditors no longer auditing schools; the continuation of E-funds; and the Labor Relations Conference is scheduled for September 2 in Lincoln.

**5.3. Board Reports**

There were no board reports.

**6. Action Items**

**6.1. Consent Agenda**

**Motion Passed:** Approval of the consent agenda passed with a motion by Jennifer Boruch and a second by John Kropatsch.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Abstain	Darin Sterup	Yes

**6.1.1. Approval of the Previous Meeting's Minutes**

**6.1.2. Treasurer's Report**

**6.1.3. Payment of general fund claims of \$284,487.23**

**6.1.4. Payment of special building fund claims of \$25,045.31**

GENERAL FUND

Beginning Balance	\$1,382,281.17
Income	+ 149,119.28
Expenses	- 296,201.45
Ending Balance	<u>\$1,235,199.00</u>

DEPRECIATION/EQUIPMENT FUND

Beginning Balance	\$ 385,819.55
Income	+ 51.38
Expenses	- 0.00
Ending Balance	<u>\$ 385,870.93</u>

UNEMPLOYMENT FUND

Beginning Balance	\$ 36,613.83
Income	+ 5.99
Expenses	- 0.00
Ending Balance	<u>\$ 36,619.82</u>

ACTIVITY FUND

Beginning Balance	\$ 34,624.12
Income	+ 5,486.83
Expenses	- 7,491.39
Ending Balance	<u>\$ 32,619.56</u>

LUNCH FUND

Beginning Balance	\$ 8,861.56
Income	+ 36.13
Expenses	- 312.50
Ending Balance	<u>\$ 8,585.19</u>

BOND FUND CHECKING ACCOUNT

Beginning Balance	\$ 22,440.92
Income	+ 1.91
Expenses	- 0.00
Ending Balance (Checking Account)	<u>\$ 22,442.83</u>

BOND FUND LIQUID ASSET			
Beginning Balance		\$	80.40
Transfers In		+	0.00
Interest Income		+	0.00
Transfers Out		-	0.00
Balance		\$	80.40

SPECIAL BUILDING FUND			
Beginning Balance		\$	372,956.75
Income		+	1,990.83
Expenses		-	9,733.36
Ending Balance		\$	365,214.22

QUALIFIED PURPOSE UNDERTAKING			
Beginning Balance		\$	169,372.89
Income		+	8,624.14
Expenses		-	2,111.82
Ending Balance		\$	175,885.21

**6.2. Consider, discuss and take all necessary action on renewal of Striv-TV subscription.**

**Motion Passed:** To renew subscription to Striv-TV at the silver level passed with a motion by Darin Sterup and a second by Jodie Roberts.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.3. Consider, discuss and take all necessary action to set date for the 2015-16 budget hearings**

**Motion Passed:** To set the 2015-16 budgets hearing for Monday, September 14, 2015 at 6:05PM passed with a motion by Jennifer Boruch and a second by Mike Neujahr.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.4. Consider, discuss and take all necessary action to set date for 2015-2016 final property tax hearing**

**Motion Passed:** To set the date for the 2015-16 final property tax request hearing for Monday September 14th, 2015 after the 2015-16 budget hearings passed with a motion by Jodie Roberts and a second by John Kropatsch.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.5. Consider, discussion and take all necessary on hiring Bartley Nelson as Jr. High Boys Basketball coach for 2015-16 school year.**

**Motion Passed:** To approve hiring Bartley Nelson as Middle School Boys Basketball Coach for 2015-16 school year passed with a motion by Darin Sterup and a second by Jodie Roberts.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.6. Consider, discuss and take all necessary action on adopting SPED Policy 6600.**

**Motion Passed:** To approve the adoption of SPED Policy 6600 to comply with Federal and State guidelines passed with a motion by Jennifer Boruch and a second by John Kropatsch.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.7. Consider, discuss and take all necessary action to amend Equal Opportunity Compliance Policy 4002.**

**Motion Passed:** To approve to amend Equal Opportunity Compliance Policy 4002 as per recommendation from legal counsel passed with a motion by John Kropatsch and a second by Jennifer Boruch.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.8. Consider, discuss and take all necessary action to amend Discrimination Policy 4003.**

**Motion Passed:** To approve to amend Discrimination Policy 4003 as recommended by legal counsel passed with a motion by Mike Neujahr and a second by Darin Sterup.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.9. Consider, discuss and take all necessary action to amend Appendixes 4003a and 4003b.**

**Motion Passed:** To approve to amend appendixes 4003a and 4003b in order to match previously amended policy 4003 passed with a motion by John Kropatsch and a second by Jodie Roberts.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.10. Consider, discuss and take all necessary action to amend Anti-Harassment Policy 1200.**

**Motion Passed:** To approve to amend Anti-Harassment Policy 1200 as per recommendation of legal counsel passed with a motion by Jennifer Boruch and a second by Mike Neujahr.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.11. Consider, discuss and take all necessary action to amend Equal Opportunity Policy 5401.**

**Motion Passed:** To approve to amend Equal Opportunity Policy 5401 as per recommendation of legal counsel passed with a motion by Darin Sterup and a second by Jodie Roberts.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

**6.12. Consider, discuss and take all necessary action to amend Complaint Form 5401z.**

**Motion Passed:** To approve to amend Complaint Form 5401z to correspond to Anti-Harassment Policy 5401 passed with a motion by John Kropatsch and a second by Jennifer Boruch.

Jennifer Boruch	Yes	John Kropatsch	Yes
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Mike Neujahr	Yes	Tom Schleif	Yes
Jodie Roberts	Yes	Darin Sterup	Yes

**7. Discussion Items**

Superintendent Rinehart gave an update about the summer projects and projected dates of completion.

**8. Next Meeting Dates and Times**

**8.1. Set special meeting date to pay end of fiscal year bills.**

Special meeting, August 28, 2015, 6:00PM at the Osceola Middle/High School Media Center to finalize payment of bills for the 2014-2015 school year.

**8.2. Regular meeting, September 14th, 2015, 6:00PM at the Osceola Middle/High School Library.**

**9. Adjournment**

**Motion Passed:** To adjourn meeting at 7:47PM passed with a motion by Darin Sterup and a second by Jodie Roberts.

Jennifer Boruch	Yes	Jodie Roberts	Yes
John Kropatsch	Yes	Tom Schleif	Yes
Mike Neujahr	Yes	Darin Sterup	Yes

Respectively submitted by,

Debra D. Berry, Secretary Appointed

**Board Report – Monthly****GENERAL FUND**Posted - During Check Cycle; Batch Description A/P 082815-0001; Fund Number 01; Processing  
Month 08/2015

<u>Check #</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
28933	BENSON, MARLA	SPED SERVICES	93.75
28934	BIRCH TELECOM	LONG DISTANCE SERVICE	6.89
28935	BIRCH TELECOM	LONG DISTANCE SERVICE	23.30
28936	BLICK ART MATERIALS	ART SUPPLIES/EQUIPMENT	608.32
28937	BROWN & SAENGER, INC.	SUPPLIES	29.64
28938	BUSINESS TELECOMMUNICATIONS	PARTS/LABOR/REPAIRS FOR PHONE SYSTEM	618.00
28939	CAMBIUM LEARNING	SOFTWARE/SUPPLIES	1,133.54
28941	CONNECTING POINT COMPUTER CTRS	CLASSROOM EQUIPMENT	299.97
28942	CONTROL SERVICES, INC.	SERVICE CONTRACT	5,189.55
28943	CURRICULUM ASSOCIATES	SUPPLIES	50.74
28944	DOERR, PHILLIP	REIMBURSEMENT FOR BUS PERMITS	26.00
28945	EBSCO INFORMATION SERVICES	PROFESSIONAL MAGAZINES	95.82
28946	EPS LITERACY & INTERVENTION	SUPPLIES	59.65
28947	ETA hand2mind	SUPPLIES	60.25
28948	FLINN SCIENTIFIC, INC.	SUPPLIES	70.35
28949	FOLLETT SCHOOL SOLUTIONS, INC.	CLASSROOM READING BOOKS	86.35
28950	GARY'S PLUMBING & HEATING	PARTS/LABOR/REPAIRS	367.43
28951	HEARTLAND COMMUNICATIONS	WIRELESS EQUIPMENT	244.41
28952	HOUGHTON MIFFLIN HARCOURT	MATH WORKBOOKS/TEXTBOOKS	4,065.99
28953	IXL LEARNING	SOFTWARE	349.00
28954	JACKSON SERVICES, INC.	RUG SERVICE	105.69
28955	JourneyEd.com, Inc.	SOFTWARE	768.00
28956	KLEINSCHMIT, JACQUELINE	MILEAGE REIMBURSEMENT	82.80
28957	KLERITEC	SUPPLIES	546.79
28958	LAKESHORE LEARNING MATERIALS	SUPPLIES	3,086.46
28959	McGRAW-HILL SCHOOL EDUCATION	RESOURCES	2,852.33
28960	MENARDS	EQUIPMENT/SUPPLIES	554.93
28961	MERRY, JEFF	REFUND ON DL CLASS	75.00
28962	MF ATHLETIC, LLC	WEIGHT EQUIPMENT	516.90
28963	MID-AMERICAN RESEARCH CHEMICAL	SUPPLIES	584.00
28964	MIDLAND IRRIGATION	SPRINKLER SYSTEM REPAIRS	350.60
28965	NASB ALICAP	INSURANCE PREMIUMS	62,384.00
28966	NATIONAL ART & SCHOOL SUPPLIES	SUPPLIES	257.38
28967	NCS PEARSON, INC.	SPED ASSESSMENTS	1,169.23
28968	NEBRASKA SAFETY CENTER	CDL CLASSES	300.00
28970	OFFICENET, INC.	SUPPLIES	112.96
28971	OSCEOLA IMPLEMENT & SUPPLY	PARTS/LABOR/REPAIRS	2,919.52
28972	OSCEOLA PUBLIC SCHOOLS	TRANSFERS TO 02, 05 & 06 FUNDS	105,181.10
28976	POLK COUNTY RPPD	ELECTRICITY	6,784.11
28977	PRESTO-X	PEST CONTROL	81.96
28978	REALLY GOOD STUFF	SUPPLIES	291.98
28979	RHODE ISLAND NOVELTY IMPORTERS	SUPPLIES	171.15
28980	SCHOLASTIC, INC.	SUPPLIES	44.07
28983	SCHOLASTIC, INC.	SUBSCRIPTIONS	1,297.24
28984	SCHOOL BUS PARTS CO.	BUS SUPPLIES AND PARTS	30.75
28985	SCHOOL SPECIALTY, INC	SUPPLIES	58.26

**Board Report - Monthly**  
 Posted - During Check Cycle; Batch Description A/P 082815-0001; Fund Number 01; Processing  
 Month 08/2015

<u>Check #</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
28986	SCHOOL SPECIALTY/CLASSROOM	SUPPLIES	34.25
28987	SUPER DUPE	SUPPLIES	231.80
28988	TEACHER DIRECT	BOOKS/SUPPLIES	145.82
28989	TEXTBOOK WAREHOUSE	MATH WORKBOOKS/TEXTBOOKS	1,371.65
28990	ULTRA GRAPHICS	DRILL HANDBOOKS	114.95
28991	WEST MUSIC	DRUMS	<u>3,973.53</u>
<b>Checking Account Total:</b>			<b>209,958.16</b>

<u>Checking</u>	1		
331	OPTUMHEALTH	FLEX PLAN FUNDING	<u>31.37</u>
<b>Checking Account Total:</b>			<b>31.37</b>

<u>Checking</u>	4		
1593	CENTRAL NEBRASKA BOBCAT	DOOR GLASS & INSTALLATION	404.20
1594	FARM BUREAU FINANCIAL SERVICES	TERM LIFE INSURANCE	25.47
1603	PINNACLE BANK	CLASSROOM READING BOOKS	6,861.54
1602	PINNACLE BANK	SOFTWARE	149.50
1601	PINNACLE BANK	EQUIPMENT	52.42
1599	PINNACLE BANK	SUPPLIES	160.95
1600	PINNACLE BANK	PLAYGROUND EQUIPMENT	199.97
1596	WINDSTREAM	TELEPHONE SERVICE	26.86
1597	WINDSTREAM	TELEPHONE SERVICE	82.35
1595	WINDSTREAM	DISTANCE LEARNING - STATE	<u>1,550.00</u>
<b>Checking Account Total:</b>			<b><u>9,513.26</u></b>

**GRAND TOTAL OF CHECKS & PREPAIDS 219,502.79**

**Board Report - Monthly**  
**DEPRECIATION/EQUIPMENT FUND**  
 Posted - All; Fund Number 02; Processing Month 08/2015

<u>Check #</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
1014	DAKTRONICS, INC.	FB FIELD SCOREBOARD	9,835.00
1013	TONNIGES CHEVROLET, INC.	2011 PICKUP	<u>22,250.00</u>
<b>GRAND TOTAL:</b>			<b><u>32,085.00</u></b>

**Board Report - Monthly**  
**SPECIAL BUILDING**  
 Posted - All; Fund Number 08; Processing Month 08/2015

<u>Check #</u>	<u>Vendor Name</u>	<u>Description</u>	<u>Check Total</u>
1270	ELECTRICAL ENGINEERING & EQUIPMENT CO.	LIGHTING FOR OLD GYM	1,149.99
1269	FLOOR IT GI	CARPET AND INSTALLATION	<u>4,509.79</u>
<b>GRAND TOTAL:</b>			<b><u>5,659.78</u></b>

Instruction

Activities

Return to Learn From Cancer

The Superintendent or designee shall make available training approved by the chief medical officer of the State on how to recognize that students who have been treated for pediatric cancer and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff.

A 504 team meeting will be held, as appropriate, to develop individual return to learn accommodations and modifications.

Date of Adoption: August 28, 2015

**FORMS FOR HEALTH RELATED ADMISSION REQUIREMENTS**

1. **Notice of Requirements for Student Admission—Birth Certificate, Immunization, Physical Examination and Visual Evaluation**
2. **Immunization—Affidavit of Refusal—For Reason of Religious Conflict**
3. **Immunization—Affidavit of Refusal—For Reason of Religious Conflict (Alternative: HHS Form)**
4. **Immunization—Affidavit of Refusal—For Medical Reason (HHS Form)**
5. **Immunization—Medical Documentation of Varicella (Chickenpox) Disease (HHS Form)**
6. **Physical Examination or Visual Evaluation---Parent Objection Form**
7. **Waiver of Physical Examination/Visual Evaluation Requirement (HHS Form)**
8. **HHS Summary of the School Immunization Rules and Regulations 2015-2016**
9. **Affidavit (For Child to Enroll Early in Kindergarten)**
10. **Request for Non Disclosure of High School Personal Information to Institutions of Higher Education and Military Recruiters**
11. **Section 9528. Armed Forces Recruiter Access to Students and Student Recruiting Information**

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

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 student'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 physician, physician assistant, or nurse practitioner, 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 evaluation (for school year **2015-2016** and each school year thereafter) by a physician, a physician assistant, an advanced practice registered nurse, or an 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 evaluation. The visual evaluation is to consist of testing for amblyopia, strabismus, and internal and external eye health, with testing sufficient to determine visual acuity.
4. Evidence of protection against diphtheria, tetanus, pertussis, polio, measles, mumps, and rubella, Hepatitis B, Varicella (chicken pox) and 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 Health and Human Services regulations, 173 NAC 3).
5. On and 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.

The following information is provided to assist a parent or guardian in receiving information regarding free or reduced-cost visual evaluations for low-income families who qualify: Information about free or reduced-cost visual evaluations may be obtained from the Nebraska Foundation for Children's Vision (NFCV), [nechildrensvision.org](http://nechildrensvision.org), 1633 Normandy Court, Suite A, Lincoln, NE 68512—Fax 402-476-6547—Phone 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 [Name] Public 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**                    )  
  )  
**COUNTY OF** \_\_\_\_\_ )            **ss.**

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

[Legal Reference: Neb. Rev. Stat. sections 79-217 and 79-221; HHS Regulation 173 NAC 3]

**AFFIDAVIT  
Refusal of Immunization of Student for Religious Reasons**

State of Nebraska

ss.

County of

**This Affidavit is being submitted on behalf of**

---

(Name of Student)

(Birthdate of Student)

**If the student is of the age of majority:**

I, \_\_\_\_\_, of lawful age and being first duly sworn,  
(Name of Affiant/Student)  
depose and state as follows:

Immunization conflicts with the tenets and practice of a recognized religious denomination of which I am an adherent or member or immunization conflicts with my personal and sincerely followed religious beliefs.

**If the student is a minor:**

I, \_\_\_\_\_, as legally authorized representative of  
(Name of Affiant)

, of lawful age and being first duly sworn,  
(Name of Student)  
depose, and state as follows:

Immunization conflicts with the religious tenets and practice of a recognized religious denomination of which the student is an adherent or member or immunization conflicts with the student's personal and sincerely followed religious beliefs.

(Signature of Affiant)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public

Printed from the Nebraska Health and Human Services System Web site. [www.hhs.state.ne.us](http://www.hhs.state.ne.us)

**REFUSAL OF IMMUNIZATION  
For Medical Reasons**

**As the physician of:**

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

**A. 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 (chickenpox)

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

- The student
- A member of the student's household or family

Comments \_\_\_\_\_

Signature of Physician	Date
------------------------	------

\* Each disease for which a vaccine has not been administered must be checked. Parent / guardian must submit dates of immunization for all other diseases.

**Documentation of Varicella (Chickenpox) Disease**

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

This document is being submitted on behalf of:

\_\_\_\_\_

(Name of child/student)

(Birth date of child/student)

I \_\_\_\_\_ verify that the above listed child/student  
Parent/Guardian/Medical Provider

had the varicella disease in \_\_\_\_\_ (year).

\_\_\_\_\_  
(Signature of parent/guardian/medical provider)

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

I am the parent or guardian of the following children who are enrolling in the beginner grade or seventh grade in [Name] Public Schools, or who are transferring from out of state into any grade in [Name] Public Schools:

Child No. 1: \_\_\_\_\_

Child No. 2: \_\_\_\_\_

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

I hereby object in writing to the:

\_\_\_\_\_ physical examination

\_\_\_\_\_ visual evaluation

(check one or both)

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Parent or Guardian

*[Legal Reference: Neb. Rev. Stat. sections 79-214(3) and 79-220]*



**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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Summary of the School Immunization Rules and Regulations  
For 2015-2016 School Year**

Student Age Group	Required Vaccines
Ages 2 through 5 years enrolled in a school based program not licensed as a child care provider	4 doses of DTaP, DTP, or DT vaccine, 3 doses of Polio vaccine, 3 doses of Hib vaccine or 1 dose of Hib given at or after 15 months of age, *Hib not required after child reaches 5 yrs. of age 3 doses of pediatric Hepatitis B vaccine, 1 dose of MMR or MMRV given on or after 12 months of age, 1 dose of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age. *Pneumococcal not required after child reaches 5 yrs. of age.
Students from Kindergarten through 12 <sup>th</sup> Grade, including all transfer students from outside the State of Nebraska and any foreign students	3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4 <sup>th</sup> 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 or MMRV vaccine, given on or after 12 months of age and separated by at least one month, 2 doses of varicella (chickenpox) or MMRV given on or after 12 months of age. Written documentation (including year) of varicella disease from parent, guardian, or health care provider will be accepted. If the child has had varicella disease, they do not need any varicella shots.
Additionally, <b>for 7<sup>th</sup> Grade Only</b>	1 dose of Tdap (must contain Pertussis booster)

Source: Nebraska Immunization Program, Nebraska Department of Health and Human Services, 2011. For additional information, call 402-471-6423.

The School Rules & Regulations are available on the internet: <http://www.hhs.state.ne.us/reg/t173.htm> (Title 173: Control of Communicable Diseases - Chapter 3; revised and implemented 2011)

**Updated 2/2014**

**AFFIDAVIT**  
***(For Child to Enroll Early in Kindergarten)***

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

I am the parent or guardian of \_\_\_\_\_ (Child's name). The Child's date of birth is \_\_\_\_\_. The Child will reach the age of five years on or after August 1 and on or before October 15 of the current school year.

I elect to enroll the Child this school year and hereby affirm (check or initial appropriate provision for early enrollment):

\_\_\_\_\_ the Child attended kindergarten in another jurisdiction in the current school year; or

\_\_\_\_\_ the family anticipates relocation to another jurisdiction that would allow admission within the current year; or

\_\_\_\_\_ the Child is capable of carrying the work of kindergarten which can be demonstrated through a recognized assessment procedure approved by the board.

**IN WITNESS WHEREOF**, this affidavit is signed and acknowledged this \_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Parent or Guardian

STATE OF NEBRASKA )  
 )  
COUNTY OF \_\_\_\_\_ )

ss.

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2015 by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**Request For Non Disclosure of  
High School Student Personal Information  
To Institutions of Higher Education or Military Recruiters**

I hereby request that the name, address, and telephone listing of \_\_\_\_\_ (name of student), a high school student at [Name] Public Schools, not be released without prior parental consent to:

\_\_\_\_ institutions of higher education

\_\_\_\_ military recruiters

(check one, both, or none)

Signed by: \_\_\_ Student \_\_\_ Parent (Check One)

\_\_\_\_\_ Signature/Date

\_\_\_\_\_ Print Name

\_\_\_\_\_ Address

\_\_\_\_\_ City/State/Zip Code

*Note to students/parents: This certificate can be signed by either student or a parent. The provision of this form does not reflect the position of [Name] Public Schools that the request for non-disclosure should or should not be made.*

“SEC. 9528. ARMED FORCES RECRUITER ACCESS TO STUDENTS AND STUDENT RECRUITING INFORMATION.

“(a) POLICY.—

“(1) ACCESS TO STUDENT RECRUITING INFORMATION.—Notwithstanding section 444(a)(5)(B) of the General Education Provisions Act and except as provided in paragraph (2), each local educational agency receiving assistance under this Act shall provide, on a request made by military recruiters or an institution of higher education, access to secondary school students names, addresses, and telephone listings.

“(2) CONSENT.—A secondary school student or the parent of the student may request that the student’s name, address, and telephone listing described in paragraph (1) not be released without prior written parental consent, and the local educational agency or private school shall notify parents of the option to make a request and shall comply with any request.

“(3) SAME ACCESS TO STUDENTS.—Each local educational agency receiving assistance under this Act shall provide military recruiters the same access to secondary school students as is provided generally to post secondary educational institutions or to prospective employers of those students.

20 USC 7908.

Adopted August 28, 2015

Homeless Education Program

HOMELESS STUDENT ENROLLMENT INFORMATION & PLACEMENT REQUEST

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

Parent/Guardian Name (Last Name) (First Name) (M.I.) Unaccompanied Youth ("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 under No Child Left Behind. Please contact the Homeless Coordinator with any questions.

**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:  
**Roger Reikofski**, Education Specialist & Homeless Education / NCLB Programs  
Nebraska Department of Education  
Telephone: 402-471-2968 Email: [roger.reikofski@nde.ne.gov](mailto:roger.reikofski@nde.ne.gov) Facsimile: 402-471-0117
- 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:

Roger Reikofski, Education Specialist & Homeless Education / NCLB Programs  
Nebraska Department of Education

Telephone: 402-471-2968 Email: [roger.reikofski@nde.ne.gov](mailto:roger.reikofski@nde.ne.gov) 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).

Adopted: August 28<sup>th</sup>, 2015

InstructionFire Drills

Fire drills shall be conducted at such times and manner as is required by the State Fire Marshal.

The frequency of fire drills shall be as follows:

- at a sufficient frequency to familiarize occupants with the drill procedure as a matter of routine;
- every month in each school building in which the facility is in session;
- subject to the exception that a monthly drill may be deferred in months of severe weather, provided that the required number of annual drills is achieved and not less than four are conducted before the drills are deferred; and
- one additional drill shall be conducted within the first 30 days of a school year.

The manner of conducting fire drills shall be as follows:

- emphasis shall be on conducting an orderly evacuation, rather than speed;
- under varying conditions and at expected and unexpected times;
- participants shall relocate to a predetermined location and remain until recalled or dismissed; and
- all emergency and relocation drill alarms shall be sounded

Crisis Plans

Crisis Plans for emergency responses and directions for tornado, evacuation, lockdown, lockout, shelter in place and fire drill activities have been developed. To be in compliance with the fire code, there are to be nine fire evacuation exercises each school year. Two tornado drills are to be exercised and two lockdown drills practiced each school year.

Since many parents may not be at home, all children and faculty will be normally retained at the school building in case of extreme emergency. The school notification system will be activated to inform parents and guardians regarding where children may be picked up at school or at the evacuation site.

Legal Reference: Neb. Rev. Stat. §79-706

Date of Adoption: August 28<sup>th</sup>, 2015