Students

Student Parental, Family and Marital Status Nondiscrimination

I. Purpose

Students are protected from discrimination on the basis of sex and marital status pursuant to Title IX of the Education Amendments of 1972 and the Minnesota Human Rights Act. This includes discrimination on the basis of pregnancy. This policy provides equal educational opportunity for all students and prohibits discrimination on the grounds of sex, parental, family or marital status.

II. General Statement of Policy

A. The school district provides equal educational opportunity for all students, and will not apply any rule concerning a student’s actual or potential parental, family, or marital status which treats students differently on the basis of sex.

B. The district will not discriminate against any student, or exclude any student from its education program or activity, including any class or extracurricular activity, on the basis of such students’ pregnancy, childbirth, false pregnancy, termination of pregnancy or recovery therefrom, unless the student requests voluntarily to participate in a separate portion of the program or activity of the recipient.

C. The district may require such a student to obtain the certification of a physician that the student is physically and emotionally able to continue participation in the normal education program or activity so long as such a certification is required of all students for other physical or emotional conditions requiring the attention of a physician.

D. The district will ensure that any separate and voluntary instructional program is comparable to that offered to nonpregnant students.

E. It is the responsibility of every district employee to comply with this policy.

F. The school board designates the assistant superintendent as its Title IX coordinator. This employee coordinates the district’s efforts to comply with and carry out its responsibilities under Title IX.

G. Any student, parent or guardian having questions regarding the application of Title IX and its regulations and/or this policy should discuss them with the Title IX coordinator. Questions relating solely to Title IX and its regulations may be referred to the Assistant Secretary for Civil Rights of the United States Department of Education.
H. Any reports of unlawful discrimination under this policy will be handled, investigated and acted upon in the manner specified in Policy 522 – Student Sex Nondiscrimination.

Legal References:
Minn. Stat. Ch. 363A (Minnesota Human Rights Act)
20 U.S.C. §§ 1681-1688 (Title IX of the Education Amendments of 1972)
34 C.F.R. Part 106 (Implementing Regulations of Title IX)

Cross References:
Policy 103 (Equal Educational Opportunity)
Policy 413 (Harassment and Violence)
Policy 522 (Student Sex Nondiscrimination)
DISCRIMINATION, HARASSMENT, BULLYING, HAZING AND VIOLENCE REPORT FORM

Edina Public Schools maintains policies prohibiting discrimination, harassment, bullying, hazing and violence. These policies can be found on the district’s website or obtained from a district administrator. All persons are to be treated with respect and dignity. Please use this form to report incidents of discrimination, harassment, bullying, hazing or violence.

Person completing report: ________________________________

Home address: _________________________________________

Work address: __________________________________________

Home phone: ____________________ Work phone: ____________________

Date of alleged incident(s): __________________________________

Basis of Alleged Harassment/Violence - circle as appropriate: race \ color \ creed \ religion \ sex \ national origin \ gender \ age \ marital status \ familial status \ status with regard to public assistance \ sexual orientation \ disability

Name of person(s) you believe harassed, bullied or was violent toward you or another person.

________________________________________________________________________

If the alleged harassment or violence was toward another person(s), identify that person(s).

________________________________________________________________________

Where and when did the incident(s) occur?

________________________________________________________________________

________________________________________________________________________

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (e.g. threats, requests, demands); what, if any, physical contact was involved; or other relevant information. Attach additional pages if necessary.

________________________________________________________________________

________________________________________________________________________

List any witnesses to the incident(s).

________________________________________________________________________

________________________________________________________________________

My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: ________________________________ Date ________________

Received by: ________________________________ Date ________________

Please submit to the building principal or designee, or director of human resources, as indicated by the policy(ies).

Revised: 8/10/20