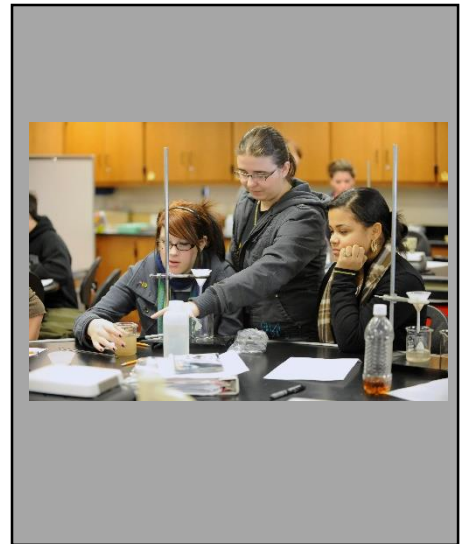


# Caverna Independent Schools



## Attendance/Truancy



## Prevention Plan



## KRS 159.150

### Truancy

Any student who has attained the age of six (6) years, but has not reached his or her eighteenth birthday, who has been absent from school without valid excuse for three (3) or more days, or tardy without valid excuse on three (3) or more days, is a truant

Any student enrolled in a public school who has attained the age of eighteen (18) years, but has not reached his or her twenty-first birthday, who has been absent from school without valid excuse for three (3) or more days, or tardy without valid excuse on three (3) or more days, is a truant.

Any student who has been reported as a truant two (2) or more times is an habitual truant.

For the purposes of establishing a student's status as a truant, the student's attendance record is cumulative for an entire school year. If a student transfers from one (1) Kentucky public school to another during a school year, the receiving school shall incorporate the attendance information provided under KRS 159.170 in the student's official attendance record.

\* Any five (5) year old child who has voluntarily "entered" the primary school program is subject to compulsory attendance laws. (KRS 159.010)

## KRS 159.990

**Penalties** Any of the following who intentionally fails to comply with the requirements of KRS 159.150 shall be fined one hundred dollars (\$100) for the first offense and two hundred fifty dollars (\$250) for each subsequent offense:

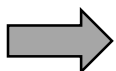
A student enrolled in a public school who has attained the age of eighteen (18) years, but who has not yet reached his or her twenty-first birthday, for whom a guardian has not been appointed by a court of competent jurisdiction, whether or not that student is identified as an exceptional child or youth under KRS 157.200(1)(a) to (m);

A parent, guardian, or custodian of a student enrolled in a public school who has not reached his or her eighteenth birthday; or

A guardian appointed by a court of competent jurisdiction of a student who is enrolled in a public school, has been identified as an exceptional child or youth under KRS 157.200(1)(a) to (m), and has attained the age of eighteen (18) years, but who has not yet reached his or her twenty-first birthday. Any person described in paragraph (a), (b), or (c) of this subsection shall be informed by personnel of the local school district that a public school student who has not reached his or her twenty-first birthday shall be subject to truancy laws.

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**All attendance forms can be found on the district website.**

## **Plan Overview**

Student attendance is a key component of school services in the Caverna Independent School (CIS) District. Not only is attendance essential for a student's success, but it is also the basis for aspects of funding at the school level. In addition to the financial costs, truancy negatively influences test scores and is directly correlated to the student dropout rate, resulting in a socioeconomic impact on the community. The district has implemented an effective system of data collection to record attendance and to provide a means to monitor as well as intervene in those instances in which students are deemed truant.

Regardless of whether an absence is excused or unexcused, any time out of school results in lost educational opportunity. Please make every effort to have your child in attendance while school is in session. When possible, make appointments after the regular school day.

In order to provide a guide for attendance/truancy policies and procedures, a districtwide plan has been developed. Through this plan, school attendance will improve, as will the district's ability to ensure students' individual success.

The goal of the district is to achieve a **95** percent attendance rate.

### **Excused Absences:**

An excused absence or tardy is one for which work may be made up, such as:

- Death or severe illness in the pupil's immediate family
- Illness of the pupil
- School nurse sends student home for sickness or communicable disease (only excused for day of event)
- Religious holidays and practices
- One (1) day for attendance at the Kentucky State Fair
- Documented military leave
- One (1) day prior to departure of parent/guardian called to active military duty
- One (1) day upon the return of parent/guardian from active military duty
- Other valid reasons as determined by the Principal, including trips qualifying as educational enhancement opportunities

### **Documentation Required for Absence to be Excused:**

Proper documentation must be submitted to the school office for absences to be marked as “excused”. Proper documentation must be submitted no later than five (5) days after the last day the student was absent. After five (5) days, the absence will remain unexcused. The guardian is responsible for making sure proper documentation has been received by the school attendance clerk. The only exception to this is educational enhancement opportunities. For these days to be excused, the *Educational Enhancement Opportunity Request Form* must be submitted to the principal five (5) days prior to the event. The following is a list of proper documentation for excused absences:

- Doctor’s excuse with time and date student was in the office (limit 10)
- *Medical Excuse Form RX-10*
- Obituary notice of pupil’s immediate family
- Court notice
- Ticket stub from Kentucky State Fair
- Documented military notice
- *Educational Enhancement Opportunity Request Form* (5 days prior)
- Parent note with reason for absence and date
  - Limit 2 per semester
  - Parent notes are limited to a single day of absence
- Other forms of documentation approved by school Principal

### **Medical Excuse Form RX-10**

After 10 medically excused absences in a year, the *Medical Excuse Form RX-10* must be properly filled out and submitted with each subsequent absence. It is the parent’s responsibility to have this form filled out by the doctor, and the parent’s responsibility to share the form with the school in order to receive an excused absence. A regular doctor’s note will not be allowed for an excused absence after 10 doctor’s notes have been used during the year.

**Tardy to School:**

A tardy shall be recorded for a student who is absent less than 35 percent of the regularly scheduled day. Each school in the district has its own bell schedule. Bell schedules are listed in the student handbooks. Students must be in their first period class when the tardy bell rings in order to be counted in attendance. All tardy students must go to the office and sign in with exact time and reason for tardy. Only those reasons listed under “Excused” absences along with proper documentation will be accepted for an excused tardy. Because truancy laws do not distinguish between a tardy and an absence, penalties under *KRS 159.990* may be enforced for tardies to school.

**Early Checkout:**

Compulsory attendance law requires students to remain in school for the entirety of the school day. Students are not allowed to be checked out of school early unless it is for one of the reasons listed under “Excused Absences.” Students with a valid reason for early checkout must be signed out in the school office by the parent/guardian, person authorized by parent/guardian, or student if he/she is 18 years of age. Persons checking a student out must show a picture ID. Early checkouts will be listed as unexcused until proper documentation is received by the school attendance clerk. Early checkouts factor in attendance calculations the same as tardies to school.

**Make-up Work:**

Students who have an excused absence will be allowed to make up work. Specific guidelines for make-up work, including timeframes, will be listed in each school handbook.

### **Educational Enhancement Opportunities:**

Students may be granted an excused absence for up to ten (10) school days to pursue an educational enhancement opportunity determined by the Principal to be of significant educational value. This opportunity may include, but not be limited to, participation in an educational foreign exchange program or an intensive instructional, experiential, or performance program in one of the core curriculum subjects of English, science, mathematics, social studies, foreign language, and the arts. Typically, a family vacation is NOT considered as having significant educational value.

To request an absence to participate in an educational enhancement opportunity, the proper paperwork must be completely filled out and submitted to the Principal at least five (5) days prior to the anticipated event. The principal may require a work sample or further documentation upon completion of the activity.

### **Home/Hospital Instruction**

A child or youth shall be provided home/hospital instruction if the condition of the child or youth prevents or renders inadvisable attendance at school as verified by a signed statement from a licensed health care provider. Home Instruction (homebound) is short-term instruction provided in a home or other designated site for a student who is temporarily unable to attend school. According to state guidelines, two hours of home instruction each week is the equivalent to one full week of school attendance. Students who are on approved home/hospital instruction are NOT counted absent from school.

If a student is to be out of school for five or more consecutive days due to medical reasons, home hospital paperwork should be filled out completely by parent and licensed health care provider. All paperwork needs to be submitted to DPP for approval before home/hospital instruction will start.

\* For a student with a mental health condition to be considered for home/hospital instruction, paperwork must be completed by a licensed psychologist or psychiatrist.

## **Out of District Students**

Out of district students may be permitted to enroll and attend Caverna Independent Schools depending on the number of out-of-district student contracts with area schools. He/she must agree to the following conditions set forth by the Caverna Board of Education:

1. He/she must present all physical examination and immunization records.
2. He/she pays all required fees at time of enrollment and as needed thereafter.
3. He/she regularly attends school.
4. He/she makes satisfactory academic progress toward graduation.
5. The Caverna Board of Education reserves the right to withdraw a student back to the home district at any time the student becomes disruptive and/or interferes with the educational process and/or safety of students and employees of the Caverna Independent Schools.

Any violation of this agreement shall cause said student to be immediately withdrawn to their home district.

## **Home-Schooling**

The Kentucky constitution establishes the prerogative of the parents to choose the formal education for the child. Therefore, parents may choose to home-school their child. If parents choose this option, they take complete responsibility for educating their child. The parent/guardian selects the curriculum and educational materials. There is no state financial assistance for families who choose this option.

If parents wish to home-school their child, they must meet with the DPP to review the legal requirements for homeschool and to fill out *Home Schooling Notification* forms. Parents must continue to notify the Superintendent each school year prior to the opening of the new school year if planning to continue the home-school.

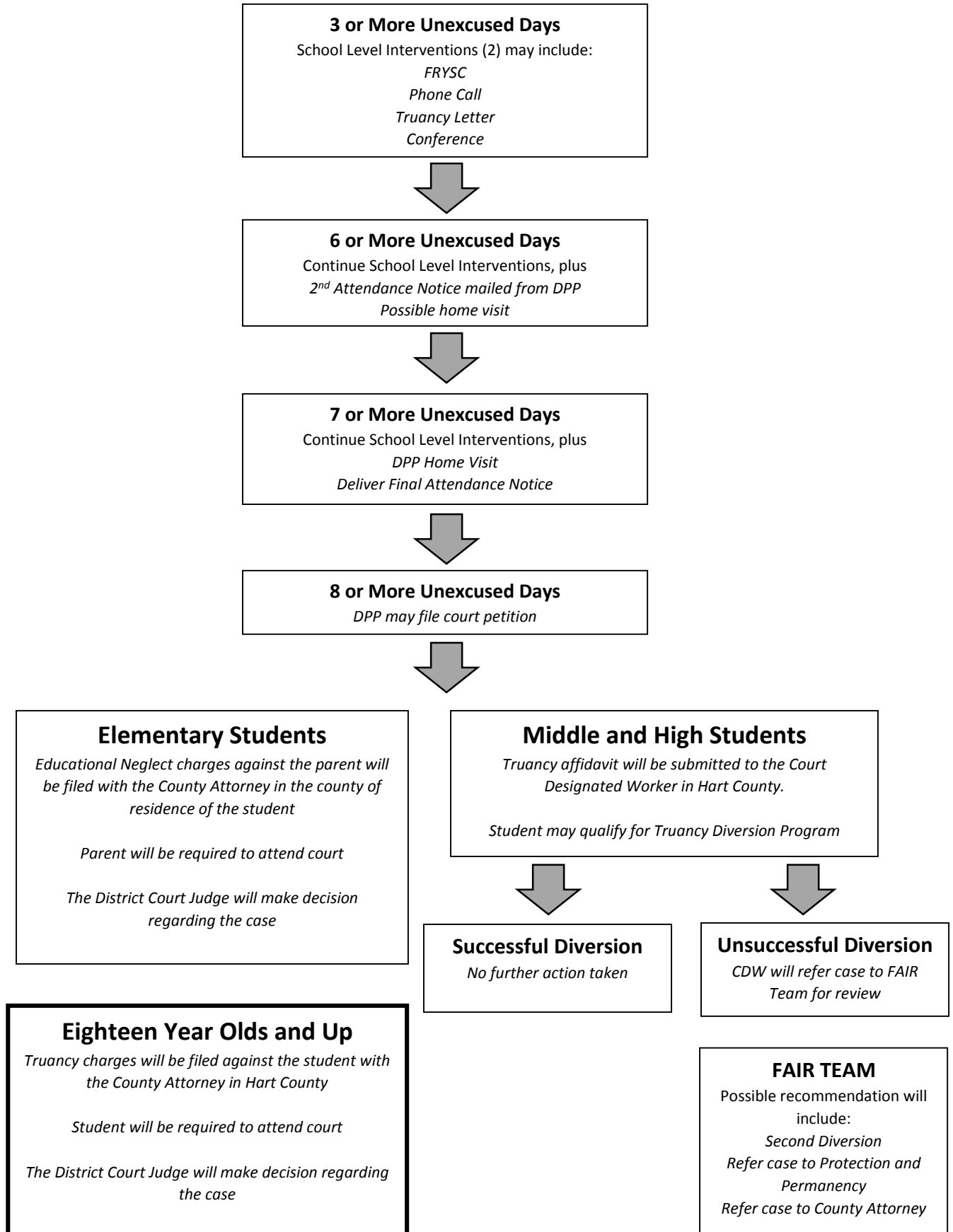
Students who have been identified as habitually truant and for whom judicial proceedings have begun (affidavit submitted to CDW or County Attorney) are not allowed to be home-schooled without judge's orders.



## Possible Responses to Unexcused Absences (Intervention Procedure):

No. of Unexcused Absences	Response
<b>Pre-level</b>	At the start of the new school year, students who had chronic absenteeism (10% or more total absences) from the previous year will be identified. Notice to parents and teachers of these students will be made for monitoring and intervention purposes. Appropriate personnel, including but not limited to, DPP, FRYSC, Principal, attendance clerk, may be involved.
<b>1-2</b>	<ul style="list-style-type: none"> <li>• Principal/designee will attempt to call parent to inquire about absence or tardy</li> <li>• Inform parent of attendance policy and current level of absenteeism</li> <li>• Provide any other pertinent information</li> </ul>
<b>3</b>	<ul style="list-style-type: none"> <li>• Principal/attendance clerk will contact parent to inquire about absences.</li> <li>• Principal/designee will conference with student (grades six through twelve)</li> <li>• Principal may make referral if needed (nurse, FRYSC, counselor, DPP)</li> <li>• Principal will send an attendance letter to parents notifying them of student's truant status per KRS 159.150</li> </ul>
<b>4-5</b>	<ul style="list-style-type: none"> <li>• Continue phone calls, conferencing, letters of concern, and possible home visit</li> </ul>
<b>6</b>	<ul style="list-style-type: none"> <li>• Principal/attendance clerk will contact parent to inquire about absences.</li> <li>• DPP will mail a second attendance letter to parents notifying them of the student's status as a habitual truant per KRS 159.150</li> <li>• Possible home visit by DPP, Principal, or FRYSC</li> </ul>
<b>7</b>	<ul style="list-style-type: none"> <li>• DPP will hand deliver final attendance letter</li> <li>• If a home visit has not taken place, the DPP will make a home visit</li> </ul>
<b>8</b>	<ul style="list-style-type: none"> <li>• DPP may file court petitions, either against the student as a juvenile, or the parent, or both</li> <li>• School level attendance interventions will continue</li> </ul>
<b>9+</b>	<ul style="list-style-type: none"> <li>• DPP will work with the Court Designated Worker (CDW) and County Attorney to pursue penalties under KRS 159.990</li> </ul>

# Truancy Intervention Flow Chart



# FORMS

**Home Schooling Notification****Please return the completed form to the Director of Pupil Personnel at the District's Central Office.**

This letter is to inform you that my child/children will be participating in a home schooling program. The beginning date for participation in this program will be \_\_\_\_\_.

**Month   Day   Year**

Following is the home school address and the names and ages of the students who will be participating:

**STUDENTS' NAME(S) AND DATE OF BIRTH:**

**CURRENT SCHOOL:**

**HOME SCHOOL ADDRESS:**

**Name**

**Street**

**State**

**ZIP Code**

I have received from the Director of Pupil Personnel (DPP)/designee a copy of the "Home School Information Packet and Best Practice Document" and other supplemental material provided by the District. The DPP/designee offered to meet with me and explain the legal requirements that apply to home schools. It is further acknowledged that this notice of intent to provide home schooling shall be binding from the effective date stated above and shall remain in full force for no longer than to the end of the current or upcoming school year, whichever is first. This notice may be dissolved upon enrollment or re-enrollment of the above named child(ren) in a school in the District or any other public or private school. At such time a home-schooled child re-enrolls in the District, it is understood that certified personnel of the school system shall either place the student according to successful performance in courses that are sequential such as English, math, history, and science or conduct tests similar in nature and content to that used for other students receiving credit in that subject. Once assessment of the child's educational development is completed, a final determination of grade placement will be made. [KRS 158.140](#), [704 KAR 003:307](#)

\_\_\_\_\_ and/or \_\_\_\_\_  
***Signature of Father/Legal Guardian***                      ***Signature of Mother/Legal Guardian***

\_\_\_\_\_                      \_\_\_\_\_  
***Telephone (Home and Work)***                      ***Telephone (Home and Work)***

\_\_\_\_\_                      \_\_\_\_\_  
***Address (if different than student's)***                      ***Address (if different than student's)***

\_\_\_\_\_                      \_\_\_\_\_  
***City, State, Zip***                      ***City, State, ZIP***

**Attendance Forms****EDUCATIONAL ENHANCEMENT OPPORTUNITY REQUEST FORM**

**To request an absence to participate in an educational enhancement activity please complete this application and return it to your school principal at least five (5) days prior to the anticipated event. The following standards shall apply to all requests:**

1. The proposed activity must have significant education value.
2. The proposed activity must be directly related to one (1) of the core curriculum subjects of English, science, mathematics, social studies, foreign language, and/or the arts.
3. The proposed activity is:
  - ☐ An intensive program related to the core curriculum;
  - ☐ An educational foreign exchange program
  - ☐ Other (explain)\_\_\_\_\_
4. Approval may be given for up to ten (10) school days.
5. Unless the Principal determines that extenuating circumstances exist, requests for date(s) falling within State or District testing periods shall not be granted; and
6. The Principal will determine if the activity is of significant educational value.

If the request is approved, the student will receive an excused absence and will be able to make up work. The student's grade(s) shall not be affected adversely for lack of class attendance or class participation.

Under the District's Grievance policy, decisions may be appealed to the Superintendent and then to the Board of Education.

Student Full Legal Name: \_\_\_\_\_ Date of Application\_\_\_\_\_

Name of School \_\_\_\_\_ Homeroom Teacher\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Home Phone\_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Excused Absences To Date\_\_\_\_\_ Unexcused Absences To Date\_\_\_\_\_ Total Absences to Date\_\_\_\_\_

Date(s) of Intended Absence(s) \_\_\_\_\_

Please explain the nature of the event the student will be attending and how the activity meets the criteria of (1) having an educational purpose, (2) having "significant educational value," and (3) how the activity is directly related to one of the core curriculum subjects of English, science, mathematics, social studies, foreign language or the arts. Please attach a schedule of activities/events to be attended. (Use additional paper, if needed, and attach to this completed form.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Student

Date

Signature of Parent/Guardian

Date

**Attendance Forms**  
**MEDICAL EXCUSE FORM RX-10**

**This form is required ONLY after ten (10) medically excused absence events.**

Student Name: \_\_\_\_\_

I hereby authorize this health care provider to release the information requested on this form for my child listed above. \_\_\_\_\_

Parent or Guardian Signature

Date of Appointment: \_\_\_\_\_

Time of Appointment: \_\_\_\_\_ Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Reason for Appointment (check only one)

- ☐ Routine Office Visit      ☐ Follow-up Visit      ☐ Orthodontic  
☐ Dental      ☐ Vision      ☐ Emergency      ☐ Tests

Was it medically necessary for this student to be absent on date of appointment?

☐ Yes      ☐ No      Comments: \_\_\_\_\_

If no, would student have missed all day due to office location, etc?

☐ Yes      ☐ No

Will student need to be absent more than one (1) day?

☐ Yes      ☐ No

If yes, how long? \_\_\_\_\_

**If student is to be absent five (5) days or more, please complete a homebound application.**

This student may return to school on \_\_\_\_\_  
Date

Health Care Provider Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider/Physician/APRN

\_\_\_\_\_  
Date

Review/Revised:11/12/2015

**Application for Home/Hospital Instruction**

**January 1, 2005**

(please type or print neatly)

**Parent/Student Information**

**Section I**

To be completed by the parent (s) /guardian (s) prior to full completion by the licensed medical or mental health professional.

School District \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ County of Residence \_\_\_\_\_

Last Date Attended \_\_\_\_\_ Special Education Student \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address of Student \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

Full Name of Father/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Full Name of Mother/Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

List any Special Education Programs in which your son or daughter may be enrolled: \_\_\_\_\_

Directions to Student's Home \_\_\_\_\_

Pursuant to KRS 159.030, Section (2), before granting an exemption under paragraph (d) of subsection (1) of this section, the board of education shall require satisfactory evidence, in the form of a signed statement of a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor or public health officer, that the condition of the child prevents or renders inadvisable attendance at school or application to study. On the basis of such evidence the board may exempt the child from compulsory attendance. Eligibility for home/hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) in accordance with their Individual Education Program (IEP). In lieu of this application, the ARC chairperson shall provide written notice of this eligibility to the local Director of Pupil Personnel (DPP) for purposes of program enrollment.

Any child who is excused from school attendance more than six (6) months must have two (2) signed statements from two different local health personnel which can be a combination of the following professional persons: a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor and health officer. If a medical professional certifies that a student has a chronic physical condition unlikely to substantially improve within one (1) year, then the one signed statement is sufficient for services that extend beyond six (6) months. This exception does not apply to students with mental health conditions.

Exemptions of all children under the provisions of subsection (1) (d) of this section must be reviewed annually with the evidence required being updated, except that children with disabilities certified by a medical professional to have a chronic physical condition unlikely to substantially improve within three (3) years may continue to be eligible for home/hospital instruction services, based on the admissions and release committee's (ARC) annual review of documentation to determine if updated evidence is required. Updated documentation of evidence of need for home/hospital services for children with chronic physical conditions shall be provided as requested by the ARC, or at least every three (3) years.

Pursuant to 704 KAR 7:120, the condition of pregnancy is not to be considered a physical or health impairment in and of itself, and the nature and extent of any complication shall be delineated prior to consideration of home/hospital instruction for this condition.

**RELEASE OF INFORMATION**

I understand that the Home/Hospital Review Committee may request a review of the information provided on these forms by local health personnel. I hereby authorize this committee to have access to pertinent information regarding this request.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Application for Home/Hospital Instruction  
Professional Statement**

**Section II**

This section is to be filled out by the authorized medical or mental health professional.

It shall be determined that a child or youth is to be provided home/hospital instruction if the condition of the child or youth prevents or renders inadvisable attendance at school as verified by signed professional statement in accordance with KRS 159.030 (2) and 704 KAR 7:120.

Please Note: Home Instruction (homebound) is **short-term** instruction provided in a home or other designated site for a student who is **temporarily** unable to attend school. According to state guidelines, **two hours of home instruction each week** is the equivalent to one full week of school attendance. **Home instruction is not designed to take the place of a more appropriate school placement.**

Name of Student \_\_\_\_\_

Please check one of the following:

\_\_\_\_\_ The student can attend school without any type of modifications or special provisions.  
Comments \_\_\_\_\_

\_\_\_\_\_ The student can attend school only with modifications or special provisions.  
Describe Modifications Needed \_\_\_\_\_

\_\_\_\_\_ The student is unable to attend school at this time due to health concerns, and I do support Home/Hospital instruction (If checked, please complete the rest of this section).

\_\_\_\_\_ I do/\_\_\_\_\_ do not support home/hospital instruction for this student. If you do not support home/hospital instruction at this time, please state your concerns and/or recommendations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you do support home/hospital instruction at this time, please fill out the rest of Section II

Diagnosis \_\_\_\_\_ Prognosis    Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Specific reason (s) why the student is unable to attend school at this time: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How long have you been seeing the patient for the diagnosis listed? \_\_\_\_\_

Approximate length of time student will need Home/Hospital Instruction \_\_\_\_\_

Please summarize test and all other data collected that supports the need for Home/Hospital Instruction at this time.

\_\_\_\_\_  
\_\_\_\_\_

What is the treatment plan for the patient? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



What is the expected duration of treatment? \_\_\_\_\_

Check here if this student has a chronic physical condition that is unlikely to substantially improve within one year. \_\_\_\_\_

What ancillary services are involved in treatment? \_\_\_\_\_

List consultants/specialist to whom this student has been referred.

Name	Specialty	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will you be following the patient? \_\_\_\_\_ Yes \_\_\_\_\_ No If not, who will?

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Anticipated date of student's return to school \_\_\_\_\_

What are your recommendations to assist this student in his/her return to school? \_\_\_\_\_

Remarks/Comments: \_\_\_\_\_

Signature of Licensed Professional	Title	Date
------------------------------------	-------	------

Please Print or Type Name of Professional: \_\_\_\_\_

Office Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Application for Home/Hospital Instruction  
Home/Hospital Review Committee**

**Section III**

This section is to be completed by the Home/Hospital Review Committee.

Name of Student \_\_\_\_\_

Date Application Received: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Incomplete \_\_\_\_\_

If approved, date of services will be from \_\_\_\_\_ until \_\_\_\_\_  
(Review Date)

If eligibility for services denied, reason for denial \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If incomplete application, type of additional information requested \_\_\_\_\_

\_\_\_\_\_  
Date of Request \_\_\_\_\_ Person Contacted \_\_\_\_\_

Signatures of Committee Members:

Director of Pupil Personnel \_\_\_\_\_ Date \_\_\_\_\_

Home/Hospital Services Teacher  
or Program Director \_\_\_\_\_ Date \_\_\_\_\_

Local Medical or Mental Health Personnel \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_