

## **Bartlett City Board of Education Business Meeting Agenda**

**AUDITORIUM  
5705 STAGE ROAD  
BARTLETT, TN 38134**

**May 25, 2023  
7:00 PM**

- I. INVOCATION
- II. PLEDGE OF ALLEGIANCE
- III. CALL TO ORDER & ROLL CALL
  - A. Official Business of the Day
- IV. SPECIAL PRESENTATIONS
- V. PUBLIC COMMENT
- VI. APPROVAL OF AGENDA
- VII. APPROVAL OF MINUTES OF PREVIOUS MEETINGS
  - A. April 27, 2023 Business Meeting Minutes
- VIII. REPORTS
  - A. Chairman's Report
  - B. Superintendent's Report
  - C. General Counsel's Report
  - D. Tennessee Legislative Network (TLN) Representative Report
  - E. Financial Report
- IX. UNFINISHED BOARD BUSINESS
  - A. REVISED SECOND READING Policy 1019: Tobacco Free Schools
  - B. REVISED SECOND READING Policy 3021 Safety
  - C. REVISED SECOND READING Policy 4016: Maintaining Test Security
  - D. NEW SECOND READING Policy 4035: Testing Programs
- X. BOARD ACTION ITEMS
  - A. New Board Business
    - 1. FY2023 Consolidated Application for IDEA/ESEA Funding for 2023-2024
    - 2. 2023-2024 BCS Differentiated Pay Plan
    - 3. 2023-2024 BCS Teacher Pay Scales
    - 4. Carrier of Student Insurance
    - 5. Affiliation Agreements (AA):  
Capella TN School, Bethel University, Vanderbilt University, ASU Student Teaching, Western Governor's University, University of Memphis, Union University, Middle Tennessee State University, Harding University, Christian Brothers University, Freed Hardeman
    - 6. Memorandum of Understanding (MOU) Between Southern College of Optometry (MobilEYES Clinic) and Bartlett City Board of Education
    - 7. RFP #FY23013 Supplemental Curriculum Lesson Materials for Summer Learning Camp
    - 8. Par-Cou Janitorial Services Renewal
    - 9. First Amendment to Cleaning Services Contract with ABM

10. Sodexo Renewal
11. REVISED FIRST READING Policy 6045: Migrant Students
12. REVISED FIRST READING Policy 6044: Homeless Students
13. Resolution 10-7 Budget Amendment
14. Resolution 11-1 Budget Amendment
15. 2022-2023 Superintendent Evaluation Instrument
16. 2023 Tenure Recommendations

XI. ADJOURNMENT

**BARTLETT CITY BOARD OF EDUCATION  
BUSINESS MEETING MINUTES**

**AUDITORIUM  
5705 STAGE ROAD  
BARTLETT, TN 38134**

**April 27, 2023**

**7:00 PM**

**INVOCATION AND PLEDGE OF ALLEGIANCE**

Chairman Bryan Woodruff said a prayer. The Board and audience recited the Pledge of Allegiance.

**CALL TO ORDER & ROLL CALL**

**Official Business of the Day**

Chairman Woodruff called the meeting to order at 7:00 p.m. The following Board

Members were present:

Mr. David Cook

Mrs. Shirley Jackson

Mr. Brad Ratliff

Mr. Bryan Woodruff

Absent: Ms. Erin Berry

**SPECIAL PRESENTATIONS**

Maggie Graham - Over the past four years, Maggie Graham has become the most decorated wrestler in Bartlett High School history and one of the most decorated wrestlers in the entire state. She is a 4x state champion, going undefeated during her senior year. She has a career high school record of 101 wins and only 5 losses and was named Tennessee Wrestler of the Year twice. She has also won the Folkstyle National Championship and won silver medal at the Pan-Am Games in Mexico. She is currently ranked #5 in the country and will be continuing her academic and wrestling career at Life University, which is one of the top wrestling programs in the country. Maggie Graham and the coaches were presented with a certificate of recognition.

Daniel Longo, Head Coach

Hunter Siler, Assistant Coach

Rod Galvan, Assistant Coach

Cameron Oliver, Assistant Coach

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The Bartlett Lady Panther basketball team finished the 2022-2023 season with an overall record of 34-8. They won the 2022 Sandra Meadows Classic Silver bracket championship, 2023 All State Sugar Bowl National Prep Classic Platinum Championship, District 15-4A regular season championship, district 15-4A Tournament Championship, Region 8-4A Tournament Championship, Region 8-4A Sub State Championship, and finished as the 2023 TSSAA 4A State Runner-up. They were ranked as the #1 team in Memphis by the Commercial Appeal and Daily Memphian and were ranked in the top 10 of the state AP poll all season long. They

finish their history making season with the most wins in school history for girls' basketball and this was the first time since 1928 that they made it to the state championship game. The Lady Panthers feature three 1000-point scorers and 5 seniors, all of whom have received scholarships to play basketball in college next year. The team and coaches were presented with a certificate of recognition.

Harmoni Brooks  
Mallory Collier, Senior  
Shamari Hamlett  
Kristiana Hicks  
Tya Johnson, Senior  
Carrington Jones  
Samiya Jones  
Zoey Rixter  
Nevaeh Scott, Senior

Kaylin Sheffield  
Raven Sims, Senior  
Brooklynn Spates  
Dacarra Ward  
Elise Williams, Senior  
Faye Williams  
Laila Willis  
Akya Woods

Tiffany Roberson-Farmer, Assistant Coach  
Brendan Harvey, Assistant Coach  
Mike Bittner, Assistant Coach  
Mirrakohl Johnson, Assistant Coach

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Mauriz Mendizabel is Bartlett High School's Valedictorian. Mauriz currently holds a 4.6170 weighted grade point average, excelling in Advanced Placement, Dual Enrollment, and Honors coursework throughout high school. She is a member of the Beta Club, Knowledge Bowl, National Honor Society, and serves at the Mu Alpha Theta treasurer. Mauriz is slated to graduate from the Bartlett High School Honors Academy and for her Project of Impact, organized the "Panther Prowl" summer open house for new students. In addition to her involvement and leadership at BHS, Mauriz enjoys volunteering with Bridge Builders, the Mid-South Mission through Bellevue Baptist Church, and being a traditional dance performer with FILAMemphis. Mauriz plans to attend the University of Memphis to major in architecture.

Everett Harrison is Bartlett High School's Salutatorian, earning a 4.5612 weighted grade point average, consistently maintaining a demanding schedule of Advanced Placement and Honors classes. He is a member of the Bartlett High School Honors Academy, Beta Club, Mu Alpha Theta, and National Honor Society, as well as the 30+ Club, earning a 34 ACT composite. Everett recently earned the rank of Eagle Scout, making improvements to a local public park to earn this achievement, and was recognized with the Dr. Charles H. Townes Supernova award. In his spare time, he enjoys music, karate, soldering, and 3D modeling. Additionally, Everett has given back to the community at the Mid-South Food Bank, St. Columba Episcopal camp and retreat center, and Wolf River Greenway. Everett will attend the University of Memphis as an electrical engineering major.

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Emily Segura, National Merit Finalist

Emily Segura has earned the distinction of National Merit Finalist for the 2022-2023 school year. Emily, who is ranked 6<sup>th</sup> in her class with a 4.5288 weighted grade point average, will graduate from the BHS Honors Academy and has earned memberships

to the Beta Club and National Honor Society, as well as Knowledge Bowl and Mu Alpha Theta, serving both groups as President. Emily was recognized as a 2022 AP Scholar and College Board Hispanic Award recipient. A talented clarinet player, Emily has been a member of the BHS band since 2019 and has been selected for the All-State and Tennessee Governor's School for the Arts. She has also participated in the Germantown Youth Symphony Orchestra. Emily enjoys giving back to the community at her church, Ave Maria Nursing Home, Room at the Inn, and Meritan Assisted Living. Emily plans to attend Washington University in St. Louis as part of the Annika Rodriguez Scholars Program with aspirations of working in the oncology field.

Abigail Bledsoe, National Merit Commended student

Abigail Bledsoe has been named a 2022-2023 National Merit Commended Scholar. She is a dedicated student at BHS, challenging herself with accelerated coursework throughout high school. She will graduate from the BHS Honors Academy and earned memberships in the Beta Club and National Honor Society. Abigail has served as team manager and played defense and attack for the girls' lacrosse team. She is also involved with the Forensic Speech and Debate team, "Panther Playhouse", and BHS choirs. Her immense vocal talent has earned Abigail selections to the All-West, All-State, and All-National honor choirs and Tennessee Governor's School for the Arts. Abigail is also interested in the engineering field and attended summer programs at the University of Tennessee-Knoxville and Yale University. Abigail will continue her education on scholarship from the Meadows School of the Arts at Southern Methodist University.

Madysen Whitfield, National Merit Commended student

Madysen Whitfield has earned the distinction of National Merit Commended Scholar, as well as National Hispanic Scholar. Madysen is ranked 18<sup>th</sup> in the Class of 2023, excelling in Honors and Advanced Placement classes throughout high school. Her achievements have led to appearances on the honor roll, memberships in the Beta Club and National Honor Society, and as an AP Scholar. Madysen values the experiences she gains from volunteering in the community, giving her time and talents to the Bartlett Public Library, Shelby Farms, and Wolf River Conservancy. Madysen will graduate from the BHS Honors Academy and organized a toy drive for children at LeBonheur as her project of impact. Madysen plans to attend Missouri University of Science and Technology or Texas A&M University as an electrical engineering major.

Lyndsey Willis, National Merit Commended student

Lyndsey Willis is our final National Commended Scholar for this year. Ranking 11<sup>th</sup> in the class, Lyndsey holds a 4.5 weighted grade point average, challenging herself with accelerated coursework during her time at BHS. She will graduate from the Honors Academy and has been recognized with memberships in the Beta Club, Knowledge Bowl, Mu Alpha Theta, and National Honor Society. She participated in the Vanderbilt Immersion Program "From Lab to Life: How Psychology Research Connects to Our Development as People" and conducted research on how the COVID pandemic affected students' academic motivation. Lyndsey is an avid volunteer in the community, giving back through community gardening and beautification, tutoring, food drives, and Bartlett schools events such as open house and "Panther Playhouse" productions. Lyndsey plans to attend Rhodes College to pursue a career in neuroscience.

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Scholastic Art and Writing Competition National Silver Medal winners:

Layan Abdelhamid- "What Makes the Light in My Life"- Bartlett Ninth Grade Academy  
Layan is a delightful student. She has already developed her own unique style of photography! This year, she participated in the Scholastic contest and won a Gold Key - the highest award possible, which has led to her National Silver Award! We are very proud of Layan!

Hayveen Jones- "Brother Jerome"- Bartlett Ninth Grade Academy  
Hayveen is a dynamo. She has fully embraced photography and won an astonishing NINE awards in this year's Scholastic contest. Her work was even selected to be used in the museum's promotional materials! It is no surprise to see Hayveen win a National Silver Award!!!

Annabelle Vickers- "Stairwell at Night"- 12<sup>th</sup> Bartlett High School  
Annabelle is one of Bartlett's best visual artists. She is so gifted that in her freshman year she was able to skip Art 1 and be placed in Art 2! Annabelle has a unique style and is a very talented painter, which has led to her National Silver Award!

### **PUBLIC COMMENT**

No public comments.

### **APPROVAL OF AGENDA**

Mr. David Cook made the motion to approve the agenda. Mr. Ratliff seconded the motion. With all ayes, the agenda was approved.

### **APPROVAL OF MINUTES OF PREVIOUS MEETINGS**

#### **March 23, 2023 Business Meeting Minutes**

The March 23, 2023 Business Meeting Minutes passed with a motion by Mrs. Shirley Jackson and a second by Mr. David Cook.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

### **REPORTS**

#### **Chairman's Report**

Chairman Bryan Woodruff reminded everyone that BHS Graduation is on May 8th. There are a lot of year-end activities happening. Some are on the same night, and it can be difficult for families to schedule. It has been a fantastic year! My children are wrapping up testing and preparing for the end of this year. We have had a crazy three years and we are tracking back to normalcy. Thank you for your great leadership. Also, I want to wish Board Member David Cook a belated happy birthday.

#### **Superintendent's Report**

Superintendent Stephens provided the following updates:

- I was honored to attend and speak at the State Speech and Drama League Competition at BHS. Student and parent feedback indicated that they were impressed with our renovated facility.
- We have a scheduled budget presentation for the Bartlett Mayor and Board of Aldermen on May 9<sup>th</sup> at City Hall.
- TCAP testing is winding up and things have gone well.
- BHS graduation is May 8<sup>th</sup> at 6:00 p.m. at Bellevue Baptist Church.
- Last day of school is May 19<sup>th</sup>.
- I will attend the AIMS conference in Paris, Tennessee next Tuesday through Thursday.
- There will be no increase in our health insurance rates for the next year. Teresa Winter, CFO has been named the Chairman for the Interlocal Health Trust.

### **General Counsel's Report**

No report.

### **Tennessee Legislative Network (TLN) Representative Report**

TLN Representative Brad Ratliff reminded the Board Members to read the Legislative Updates from TSBA.

### **Financial Report**

The March Financial Report was accepted by the Board. It is a non-voting item.

### **UNFINISHED BOARD BUSINESS**

No Unfinished Board Business.

### **BOARD ACTION ITEMS**

#### **New Board Business**

#### **REVISED FIRST READING Policy 1019: Tobacco Free Schools**

The First Reading of Revised Policy 1019: Tobacco Free Schools passed with a motion by Mr. David Cook and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

#### **REVISED FIRST READING Policy 3021: Safety**

The First Reading of Revised Policy 3021: Safety passed with a motion by Mrs. Shirley Jackson and a second by Mr. David Cook.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

#### **REVISED FIRST READING Policy 4016: Maintaining Test Security**

The First Reading of Revised Policy 4016: Maintaining Test Security passed with a motion by Mrs. Shirley Jackson and a second by Mr. Brad Ratliff.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**NEW FIRST READING Policy 4035: Testing Programs**

The First Reading of New Policy 4035: Testing Programs passed with a motion by Mr. David Cook and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Proposed 2023-2024 BCS Elementary, Middle and High School Fees**

Proposed 2023-2024 BCS Elementary, Middle and High School Fees passed with a motion by Mr. David Cook and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Contract with Durham Transportation Services**

The contract with Durham Transportation Services passed with a motion by Mr. David Cook and a second by Mr. Brad Ratliff.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Memorandum of Understanding (MOU) between Lakeside and Bartlett City Board of Education**

Memorandum of Understanding (MOU) between Lakeside and Bartlett City Board of Education passed with a motion by Mrs. Shirley Jackson and a second by Mr. David Cook.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Memorandum of Understanding (MOU) between Memphis Youth Academy (formerly Archon) and Bartlett City Board of Education**

Memorandum of Understanding (MOU) between Memphis Youth Academy (formerly Archon) and Bartlett City Board of Education passed with a motion by Mr. David Cook and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Memorandum of Understanding (MOU) between Youth Villages and Bartlett City Board of Education**

Memorandum of Understanding (MOU) between Youth Villages and Bartlett City Board of Education passed with a motion by Mr. David Cook and a second by Mr. Brad Ratliff.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Resolution 10-6 Budget Amendment**

Resolution 10-6 Budget Amendment passed with a motion by Mr. David Cook and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**FY 23-24 Bartlett City Schools Operating Budget**

Dr. Stephens presented a short PowerPoint to highlight the 23-24 Operating Budget. Following the presentation and discussion, the FY 23-24 Bartlett City Schools Operating Budget passed with a motion by Mr. David Cook and a second by Mrs. Shirley Jackson.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**Reunification Memorandum of Understanding (MOU)**

Board Members were given the opportunity to go into Executive Session to discuss the document which is part of the Safety Materials. With no discussion, vote was taken. Reunification Memorandum of Understanding (MOU) passed with a motion by Mr. Brad Ratliff and a second by Mr. David Cook.

Ms. Erin Berry: Absent, Mr. David Cook: Aye, Mrs. Shirley Jackson: Aye, Mr. Brad Ratliff: Aye, Bryan Woodruff: Aye

**ADJOURNMENT**

The meeting adjourned at 7:48 p.m.

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Bryan Woodruff, Chairman

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Dr. David A. Stephens, Superintendent

<b>Bartlett City Board of Education</b>		<b>1019</b>
Descriptor Term: <b>TOBACCO-FREE SCHOOLS</b>	Descriptor Code: <b>Board Operations</b>	Issue Date: <b>01/23/2014</b>
	Rescinds:	Revised: <b>07/23/2015; 04/27/2023</b>

1 All uses of tobacco and tobacco products, including smokeless tobacco, electronic  
2 cigarettes/~~battery operated devices, vapor products, and all other associated paraphernalia,~~  
3 ~~and personal vaporizers,~~ are prohibited in all of the school district's buildings.<sup>1,2</sup> Smoking, ~~and~~  
4 ~~vaping, and smokeless tobacco~~ shall be prohibited in any public seating areas, including but  
5 not limited to, bleachers used for sporting events or public restrooms.<sup>3</sup>

6 The use of tobacco or tobacco products, including smokeless tobacco, electronic  
7 cigarettes/~~battery operated devices, vapor products, and all other associated paraphernalia,~~ ~~;~~  
8 ~~and personal vaporizers,~~ will be prohibited in all vehicles owned, leased, or operated by the  
9 District.

10 District employees and students enrolled in Bartlett City Schools will not be permitted to use  
11 tobacco or tobacco products, including smokeless tobacco, electronic cigarettes/~~battery~~  
12 ~~operated devices, vapor products, and all other associated paraphernalia,~~ ~~and personal~~  
13 ~~vaporizers,~~ while they are participants in any class or activity in which they represent the  
14 District.

15 Any student who possesses tobacco or tobacco products, including smokeless tobacco,  
16 electronic cigarettes, ~~and personal vaporizers,~~ ~~battery operated devices, and vapor products,~~  
17 shall be issued a citation by the ~~school principal or~~ resource officer ~~and issued a disciplinary~~  
18 ~~referral from school administration.~~<sup>4</sup>

19 Parents and students shall be notified of this citation requirement at the beginning of each  
20 school year.

21 Signs will be posted throughout the District's facilities to notify students, employees, and all  
22 other persons visiting the school that the use of ~~tobacco and tobacco products~~ these products  
23 is forbidden. The following notice shall be prominently posted (including at each ticket booth)  
24 for elementary or secondary school sporting events, "*Smoking is prohibited by law in seating*  
25 *areas and in restrooms.*"<sup>5</sup>

<sup>1</sup> Section 1042 of the Environmental Tobacco Smoke/Pro-Children Act of 1994

<sup>2</sup> T.C.A. §39-17-1604(6)

<sup>3</sup> T.C.A. §39-17-1604(10)

<sup>4</sup> T.C.A. §39-17-1505

<sup>5</sup> T.C.A. §39-17-1605

<b>Bartlett City Board of Education</b>		<b>3021</b>
Descriptor Term: <b>SAFETY</b>	Descriptor Code: <b>Support Services</b>	Issue Date: <b>07/24/2014</b>
	Rescinds:	Revised: <b>04/27/2023</b>

1 General<sup>1</sup>

2 The Superintendent shall establish procedures to protect school property which shall  
3 include, but not be limited to:

4 1. Closing and securing teacher work areas when left unattended or at the end of the  
5 day;

6 2. Denying students permission to use the classrooms, laboratories, gymnasiums, or  
7 other school facilities or equipment without appropriate supervision;

8 3. Controlling the issuance of keys;

9 4. Developing programs that contribute to the proper care and use of school facilities  
10 and equipment; and

11 5. Ensuring that equipment purchased with federal funds is managed as directed by  
12 federal law.<sup>2</sup>

13 The principal shall call law enforcement officials in cases involving illegal entry, building  
14 damage, theft, or vandalism. The principal shall notify the Superintendent as soon as  
15 practical, but no longer than twenty-four (24) hours, after a case of vandalism, theft,  
16 building damage, and/or illegal entry. The Superintendent/designee is authorized to sign  
17 a criminal complaint and press charges. ~~The Superintendent shall report all signing of~~  
18 ~~such complaints to the Board.~~

19 In accordance with Board policy, the principal of each school shall develop procedures  
20 for keeping school facilities safe and free from hazards.

21 All staff members shall report current and potential hazards to their immediate  
22 supervisor(s).

23 Each principal is responsible for seeing that safety is a part of the instructional program  
24 of the school.

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<sup>1</sup> TCA 49-6-805(3)

<sup>2</sup> 2 CFR § 200.31

1 The safety program shall include:

- 2 1. Fire prevention
- 3 2. Accident prevention
- 4 3. Warning systems
- 5 4. Emergency drills
- 6 5. Traffic safety
- 7 6. Safety inspections
- 8 7. First aid
- 9 8. Disaster preparation

10 Only students assigned to the school, the staff of the school, parents of students, and  
11 other persons with lawful and valid business shall enter onto the grounds or into the  
12 buildings of a school during the hours of student instruction. All staff members shall report  
13 all persons appearing to be improperly on school premises to the principal.<sup>3</sup>

14 The principal shall secure assistance from law enforcement officials when he/she deems  
15 it necessary in order to maintain order or security.

#### 16 **LAW ENFORCEMENT SERVICES**<sup>1</sup>

17 The Board may enter into collaborative partnerships with appropriate law enforcement  
18 agencies. Partnerships may include, but not be limited to, education and recreational  
19 programs, delinquency prevention, and mentoring initiatives.

20 The Board may enter into a memorandum of understanding (MOU) with the chief of a law  
21 enforcement agency to provide school policing. The MOU shall address, at a minimum,  
22 the following issues:

23 1. Any school resource officer (SRO) assigned under the MOU shall be in compliance  
24 with all laws, regulations, and rules of the Peace Officer Standards and Training  
25 Commission at the time of assignment and remain compliant throughout his/her  
26 assignment.

27 2. As a condition of assignment, any SRO shall participate in forty (40) hours of basic  
28 training in school policing within twelve (12) months of assignment. Every year  
29 thereafter, the SRO shall participate in a minimum of sixteen (16) hours of training  
30 specific to school policing. All training programs shall be approved by the Peace  
31 Officers Standards and Training Commission.<sup>4</sup>

32 3. Any SRO assigned under the MOU remains an employee of the law enforcement  
33 agency and is subject to that agency's direction, control, supervision, and  
34 discipline.

35 4. No SRO shall be assigned to a school, or continue in such an assignment, without  
36 the consent of the Superintendent.

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<sup>3</sup> T.C.A. §49-6-2008(a)-(b)

<sup>4</sup> [TCA 49-6-4217](#)

1 5. In the event that more than one (1) SRO is assigned to a school district, the law  
2 enforcement agency shall designate one (1) of the SROs as the senior SRO. The  
3 duties of the senior SRO shall include, but not be limited to, the following:

4 a. Representing and carrying out the policies of the law enforcement agency  
5 assigning the SROs;

6 b. Supervising the SROs in the performance of their duties;

7 c. Consulting with the Superintendent regarding the best use of the available  
8 resources for school policing; and

9 d. Resolving disputes between the SROs and students or staff members.

10 6. The MOU may be effective for any length of time, continuing until terminated by  
11 the parties, and may contain any reasonable notice requirement for the termination  
12 of the MOU. However, the MOU shall contain a provision allowing the  
13 Superintendent to suspend the active participation of any SROs in the event that  
14 the Superintendent believes that such suspension is best for the health, safety, or  
15 wellbeing of the students or staff members.

## 16 CYBERSECURITY<sup>5</sup>

17 The Superintendent/designee shall develop an administrative procedure regarding the  
18 district's cybersecurity plan to identify cybersecurity risks, implement mitigation planning,  
19 and protect cyberinfrastructure against cyberattacks and other cybersecurity threats and  
20 incidents. As used herein, "cyber security" means the art of protecting networks, devices,  
21 and data from unauthorized access or criminal use, and the practice of ensuring the  
22 confidentiality, integrity, and availability of information.

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<sup>5</sup> TCA 49-6-805(9)

## **POLICY 4016: Maintaining Test Security**

The administration of all state mandated tests will be conducted under the direction of a system testing coordinator. The system testing coordinator shall be responsible for administering, monitoring, and maintaining the security of all tests to be administered within the District. Each building principal shall serve as or designate a building testing coordinator. The building testing coordinator shall be responsible for administering, monitoring, and maintaining security of all tests given in his or her school.

Test security procedures shall adhere to guidelines issued by the State Department of Education.<sup>1</sup>

The system testing coordinator will receive all testing materials from the State Department of Education and shall be responsible for secure distribution within the District and secure return to the State Department of Education. Upon reports of testing irregularities, the system testing coordinator shall investigate and report all verified or suspected breaches of security to the Superintendent.

The building testing coordinator will ensure that the following security measures are maintained:

1. Verify that the quantities of testing materials agree with the packing slip;
2. Secure materials in a protected location and restrict access to testing materials;
3. Assign test administrators to administer tests;
4. Provide a test schedule and ensure testing administrators adhere to the agenda;
5. Collect, count, and secure materials immediately after each day's testing;
6. Utilize measures to ensure the least potential for bias in test administration. Examples include, but are not limited to, the following:
  - A. Assign test administrators to content areas in which the administrator provides less than fifty percent (50%) of class-based instruction;
  - B. Strategically assign proctors to ensure the least potential for bias (i.e., never assigned to a class that contains a close friend or relative); and
  - C. Use a combination of methods or use other methods as approved by the system testing coordinator.
7. Pack and retain materials in a secure location for the scheduled return to the system testing coordinator; and
8. Investigate any reported testing irregularities and forward such findings to the building testing coordinator.

Test administrators will ensure that the following security measures are maintained:

1. Precisely adhere to the time schedules for each subtest;
2. Refrain from reviewing student responses during testing;
3. Refrain from copying, or allowing to be copied, any portion of the test material, except for the testing schedule in the Examiner's Manual; and
4. Report any suspected irregularities to the building testing coordinator.

All breaches of test security shall be reported to the State Department of Education's Office of Accountability and testing irregularities shall be reported to the Division of State Testing within

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<sup>1</sup> TRR/MS 0520-01-03-.03(10)9)(e)

twenty-four (24) hours of such events. Any employee found to have not followed security guidelines shall be placed on immediate suspension, and such actions shall be grounds for dismissal and revocation of state license.<sup>2</sup>

Data Security

Embargoed data may be shared with District personnel as determined by the Superintendent, but personnel shall not share embargoed data with external third parties.<sup>3</sup>

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<sup>2</sup> T.C.A. §49-1-607

<sup>3</sup> Tennessee State Board of Education Policy 2.600

# Bartlett City Schools District

Monitoring: Review: Annually, in December	Descriptor Term: <b>Policy 4035: Testing Programs</b>	Descriptor Code: Enter Code	Issued Date: <a href="#">Click here to enter a date.</a>
		Rescinds:	Issued:

## 1 General

2 The Board shall provide for a system-wide testing program which shall be periodically reviewed and evaluated.

3 The purpose of the program shall be to:

- 4 1. Assist in promoting accountability;
- 5 2. Determine the progress of students;
- 6 3. Assess the effectiveness of the instructional program and student learning;
- 7 4. Aid in counseling and guiding students in planning future education and other endeavors;
- 8 5. Analyze the improvements needed in each instructional area;
- 9 6. Assist in the screening of students with learning difficulties;<sup>1</sup>
- 10 7. Assist in placing students in remedial programs;
- 11 8. Provide information for college entrance and placement, and
- 12 9. Assist in educational research by providing data;<sup>2</sup>

13 The Superintendent shall be responsible for planning and implementing the program which includes:

- 14 1. Determining specific purposes for each test;
- 15 2. Selecting the appropriate test to be given;
- 16 3. Establishing procedures for administering the tests;
- 17 4. Making provisions for interpreting and disseminating the results;
- 18 5. Maintaining testing information in a consistent and confidential manner; and
- 19 6. Ensuring that results are obtained as quickly as possible, especially when placement in a special learning
- 20 program might be necessary.

21 State-mandated student testing programs shall be undertaken in accordance with procedures published by the  
22 State Department of Education.<sup>3</sup>

## 23 **WEIGHTING TCAP SCORES**

24 The weight of student scores on the Tennessee Comprehensive Assessment Program (TCAP) grades  
25 three through five (3-5) shall comprise the minimum percentage of the students' final grade average as  
26 permitted by law in the subject areas of mathematics, reading/language arts, science, and social studies.  
27 Student scores on the Tennessee Comprehensive Assessment Program (TCAP) for grades six through  
28 eight (6-8) shall comprise the minimum percentage of the students' final grade average as permitted by  
29 law in the subject areas of mathematics, reading/language arts, science, and social studies. Student  
30 scores on the Tennessee Comprehensive Assessment Program/End of Course (EOC) shall comprise  
31 fifteen percent (15%) of the student's final grade average for the school year.

32 The Bartlett City School System shall use the following methodology: "Target Score Methodology".

1 If Bartlett City Schools District does not receive students' TCAP scoring, including all achievement  
2 tests (for grades 3-8) and End-of-Course scores (for grades 9-12), at least five (5) instructional days  
3 before the end of the course, then the Superintendent may exclude these scores from students' final  
4 grades.<sup>4, 5</sup>

## 5 **INTEREST INVENTORIES AND CAREER ASSESSMENTS** <sup>6</sup>

6 Interest inventories shall be made available to students in their middle school or 9<sup>th</sup> grade years. Such  
7 inventories shall consist of the Kuder assessment, Myers-Briggs Type Indicator personality inventory,  
8 the ASVAB, the College Board Career Finder, or other interest or career inventory available to assist  
9 middle school or ninth grade students in determining the students' interests and in making career  
10 decisions.

11 Career aptitude assessments shall be administered to students in grades 7 or 8 in order to inform the  
12 student's high school plan of study. Upon receiving the results from these assessments, the school shall  
13 provide students with information on any available career and technical education opportunities  
14 offered by the District in which the student is eligible to participate.

## 15 **TESTING INFORMATION AND PARENTAL CONSENT**

16 Any test directly concerned with measuring student ability or achievement through individual or group  
17 psychological or socio-metric tests shall not be administered by or with the knowledge of any  
18 employee of the system without first obtaining written consent of the parent(s)/guardian(s).<sup>2</sup>

19 Results of all group tests shall be recorded on the students' permanent records and shall be made  
20 available to appropriate personnel in accordance with established board policies.<sup>7</sup>

21 No later than July 31 of each year, the Board shall publish on its website information related to state  
22 and board mandated tests that will be administered during the school year. The information shall  
23 include:<sup>8</sup>

- 24 1. The name of the test;
- 25 2. The purpose and use of the test;
- 26 3. The grade or class in which the test will be administered;
- 27 4. The tentative date or dates that the test will be administered;
- 28 5. The time and manner in which parents and students will be notified of the results of the test;
- 29 6. How parents can access the questions and answers on their student's state-required tests; and
- 30 7. If a board mandated test, how the test complements and enhances student instruction and  
31 learning and how it serves a purpose distinct from state-required tests.

32 The testing information shall also be placed in student handbooks or other school publications that are  
33 provided to parent(s)/guardian(s) on an annual basis.

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Legal References

1. TCA 49-10-108
2. 20 USCA § 1232(g)
3. TRR/MS 0520-01-03-.03(11)
4. TCA 49-1-617; State Board of Education Policy 2.102
5. TRR/MS 0520-01-03-.03(11)(e); State Board of Education Policy 2.103; TCA 49-1-617
6. TCA 49-6-412
7. TCA 10-7-504(a)(4)(A)
8. TCA 49-6-6007; State Board of Education Policy 2.102; State Board of Education Policy 2.103

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Cross References

Student Surveys, Analyses, and Evaluations 6.4001  
Student Records 6.600

FY24 Consolidated Application Approval for IDEA/ESEA  
School Year 2023-24

LEA # 794

LEA Name (Legal Name of Agency): Bartlett City Schools

LEA # <u>794</u>	LEA Name (Legal Name of Agency): <u>Bartlett City Schools</u>
LEA Legal Making Address	
Street Address <u>5705 Stage Rd.</u>	
City <u>Bartlett</u> State <u>TN</u> Zip <u>38134</u>	

Consolidated Project begins July 1, 2023 and ends June 30, 2024.

The facts, figures, and representations made in this application, including exhibits, attachments, and assurances herein, are true and correct to the best of my knowledge.

The Board of Education has reviewed and approved this project year application for filing.

This action is recorded in the official minutes of the Agency's Board meeting held on the date entered below:

\_\_\_\_\_  
Board Meeting Date

\_\_\_\_\_  
Director of Schools (Signature)

\_\_\_\_\_  
Board of Education Official (Signature)

\_\_\_\_\_  
Director of Schools (Print Name)

\_\_\_\_\_  
Board of Education Official (Print Name)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**Bartlett City Schools**  
**FY 2024 Every Student Succeeds Act (ESSA) Programs Summary**

	<u>Title I</u>	<u>Title I N</u>	<u>Title ID</u>	<u>Title IIA</u>	<u>Title III</u>	<u>Title IV</u>
FY21	\$2,348,595	\$791,824	\$56,936	\$283,399	\$15,711	\$266,087
FY22	\$1,867,593	\$803,154	\$48,160	\$255,767	\$18,215	\$203,806
FY23	\$1,485,022	\$744,084	\$71,175	\$299,803	\$22,305	\$207,940
FY24	\$1,167,451	\$589,032	\$77,242	\$224,507	\$28,331	\$171,981

**Title IA, Title IN, & Title ID**-For the 2022-2023 school year the Bartlett City Schools Title I program will provide instructional services to all students in Altruria Elementary, Bartlett Elementary, Ellendale Elementary, Elmore Park Middle, and Rivercrest Elementary; two facilities for neglected children (Lakeside Behavioral and Youth Villages); and one facility for delinquent children (Archon Academy). These services will supplement instructional services provided by state and local funds.

Title I funds will be utilized for Instructional Facilitators; teachers (RTI and STEM); tutors; accounting support; administrative support through an N & D Supervisor, a Federal Programs facilitator, and technology support technician; parent training; family engagement; and eligible students attending participating non-public schools including St. Francis of Assisi, Pleasant View School, and Faith Christian Academy

**Title IIA**-Professional development activities for core academic subjects that are high quality, sustained, intensive, and classroom focused will be provided for instructional staff in all BCS schools and the participating non-public schools (St. Ann Bartlett and Faith Christian Academy).

Title IIA funds will be utilized for a Central Office level position (Lead Instructional Coach) and off-site professional development opportunities, the position of a part-time RTI Coach, and supplies/materials. These items support school administrative initiatives and goals by providing PD to teachers through Instructional Coaches.

**Title IIIA**- Supplemental scientifically-based language instruction to increase English proficiency and student academic achievement in support of English as a Second Language (ESL) services to English Learners will be provided to eligible BCS students, as well as eligible students attending participating non-public schools (St. Ann Bartlett and Youth Villages).

Funds will be utilized for instructional materials/supplies, equipment, parent outreach, and PD.

**Title IV**- Providing students with a well-rounded education (i.e. STEM, arts, health). Supporting safe and healthy students (i.e. school mental health, drug/ violence prevention). Supporting the effective use of technology (i.e. professional development, technology devices).

Funds will be used for two social workers, a safety manager, and PD for BCS and the participating non-public schools (St. Ann Bartlett and Faith Christian Academy).

**Summary presented by:**  
**James Aldinger, Chief of Human Resources, Federal Projects, and Accountability, Bartlett City Schools**

## Bartlett City Schools

### FY 2023-2024 IDEA Programs Summary

#### Preliminary Allocations:

##### IDEA, Part B

\$1,951,037.00

##### IDEA Preschool

\$42,949.00

Bartlett City Schools maintains compliance on 1,930 Individualized Education Plans.

##### **IDEA, Part B**

BCS currently serves 1,754 students ages 6-21 (includes 436 gifted) in our eleven public schools. Services vary and include consultation, co-teaching, resource, and functional skills. Related services provided include speech-language therapy, nursing, occupational therapy, physical therapy, transportation, and behavioral support.

Supplemental IDEA funds will be utilized to support all students with disabilities, ages 3-21, with the following personnel:

- two Special Education Specialists
- one Transition Consultant,
- three Behavior Interventionists,
- three Speech Language Pathologists,
- six Special Education nurses,
- 22 classroom paraprofessionals
- .5 FTE for Grants Accountant

A portion of the supplemental funds are allocated for professional development and include coverage for registration fees, mileage, and hotel expenses.

##### **IDEA, Preschool**

BCS currently serves 192 students with disabilities ages 3-5 and will continue to provide preschool services in nine preschool classrooms located within five elementary schools.

- Altruria Elementary - 1 class
- Bartlett Elementary -1 Class. (1 additional class may be added upon availability of funds)
- Bon Lin Elementary – 2 classes
- Oak Elementary – 3 classes
- Rivercrest Elementary – 2 classes

IDEA funds have been set aside for instructional materials, maintaining certification of personnel in the program, special education equipment, and professional development.

**2023-2024 Bartlett City Schools  
Differentiated Pay Plan**

Description	Compensation Type and Size	Reach	Estimated Cost	Estimated Salary Expenditures
<p>Describe how the district will differentiate for this element.</p> <p>Include the eligibility criteria for receiving the award (such as minimum attendance or evaluation score).</p>	<p>Will the compensation be given as a bonus or a base pay increase?</p> <p>How much will qualifying teachers receive?</p>	<p>Eligibility: How many teachers are eligible for this type of compensation?</p> <p>Forecasted participation: How many teachers do you estimate will receive the award?</p>	<p>How much does the district estimate it will pay out for this differentiated pay element?</p>	<p>What percentage of salary expenditures (excluding benefit costs) does this element cover?</p>
<p>Teachers and other certificated positions that are hard-to-staff positions such as Math, Science, Special Education, SLPs, Foreign Language or any other teaching vacancy deemed a difficult to staff area or have a high programmatic impact as determined by the superintendent, will be placed on the current BCS Teacher salary schedule and given a signing bonus (not to exceed \$2,000). This strategy will not only assist in securing teachers and other certificated staff in hard-to-staff areas and will also assist BCS in recruiting for these positions. Our data reflecting current hiring trends and applicant pools deem that elementary, fine arts, and social studies teachers are readily available. The hiring trends and limited applicant pool for educators with endorsement in middle and high school subjects including but not limited to science, math, special education, library-media specialist, foreign language, ESL, and SLPs make these areas high need.</p>	<p>Two (2) \$1,000 stipends (for a total of \$2,000 per position) will be awarded in addition to the base salary for qualifying teachers. The stipends will be contingent upon the successful completion of each semester of their first year with the District.</p>	<p>fifteen to twenty</p>	<p>(\$2,000 per position, estimated cost of \$40,000).</p>	<p>This will comprise less than 1% of the district salary expenditures</p>

Description	Compensation Type and Size	Reach	Estimated Cost	Estimated Salary Expenditures
<p>Learning Coaches are full time classroom teachers. These teacher leaders are compensated for time worked outside of their contracted time with stipends. These educators coach the most effective teachers in the building, teachers new to the district, and any teacher assigned by the school or district. Instructional Coaches facilitate peer-to-peer informal observations with feedback focusing on the TEAM rubric. Selected teachers must demonstrate strong leadership skills, have 3 or more years of effective teaching experience, be respected by peers and administrators, and have an LOE 4/5.</p>	<p>Selected teachers will receive a \$2,500 stipend based on completion of 75 documented teacher support hours.</p>	<p>Sixteen teachers will be selected to receive the position. Based on current data in TNCompass, over 400 in our district teachers would be eligible to apply for this position.</p>	<p>The total district pay out is \$40,000 for the stipend.</p>	<p>The total district pay out is \$40,000 for these positions. The base salary of these positions are covered in the general budget, since these are full time teachers already hired to teach a grade/subject and then selected to complete extra hours outside of their contracted time covered by the stipend.</p>
<p>Flex Professional Learning Leaders are full time classroom teachers. These educators have already satisfied the base district requirement for 24 hours of Flex Credit and are facilitating additional learning for the district's educators. These teachers must have met their baseline Flex Day requirements of 24 hours and have a skill/knowledge that needs to be shared with other educators in the district.</p>	<p>Selected teachers will receive an hourly rate of \$30.71 - \$33.47 per hour.</p>	<p>Based on current data in TNCompass, over four teachers in BCS would meet the effectiveness requirements to earn additional money as part of the Flex Professional Learning program.</p>	<p>The district's max pay out is \$33,470 for all possible hours earned for Flex Professional Learning Leaders.</p>	<p>The district's max pay out is \$23,880 for all possible hours earned for Flex Professional Learning Leaders. The base salary of these positions is covered in the general budget since these are full time teachers already hired to teach a grade/subject.</p>

Description	Compensation Type and Size	Reach	Estimated Cost	Estimated Salary Expenditures
<p>Lead Instructional Coaches is a full time classroom teacher with stipend to serve the high, middle, and elementary schools to facilitate the PLC process, assessment support including ACT, and facilitate RTI implementation. Selected teachers must demonstrate strong leadership skills, have 3 or more years of effective teaching experience, are respected by peers and administrators, Master's Degree is preferred with current ILLB and have a level 4 or 5 rating as measured by Overall TEAM observation scores.</p>	<p>Selected teacher will receive a teacher base salary with stipend.</p>	<p>Teachers will be selected to receive the position. Based on current data in TNCompass, all teachers would be eligible to apply for this position.</p>	<p>The district pay out for the stipend is \$6,000.</p>	<p>The total district pay out is \$73,137 for base salary and \$6,000 for stipend. This brings the district total pay out to approximately \$79,137. The base salary will have a final determination based on the years of experience and education of the hired teacher.</p>

Description	Compensation Type and Size	Reach	Estimated Cost	Estimated Salary Expenditures
<p>Instructional Facilitator is a full release teacher at a Title 1 school who oversees the Title 1 budget, parent trainings, and focuses on instructional programming to facilitate student growth. Selected teacher must demonstrate strong leadership skills, have 3 or more years of effective teaching experience, are respected by peers and administrators, Master's Degree is preferred with current ILLB and have a level 4 or 5 rating as measured by Overall TEAM observation scores. Selected teachers should also have extensive use of the School Improvement Plan and the budgeting process.</p>	<p>Selected teacher will receive a teacher base salary with stipend.</p>	<p>Five teachers will be selected to receive the position. Based on current data in TNCompass, over four hundred teachers district-wide would be eligible to apply for this position.</p>	<p>The district pay out for the stipend is \$6,000.</p>	<p>The total district pay out is \$575,000 for base salaries and \$6,000 for stipend. This brings the district total pay out to approximately \$605,000. The base salary will have a final determination based on the years of experience and education of the hired teacher.</p>
<p><b>State Definitions</b></p>				
<p>A salary schedule that uses some other component, often a performance measure, in addition to or in place of education and experience to determine base pay. A schedule where an educator's evaluation score is used to determine the amount of his or her yearly base pay increase is an example of an alternative salary schedule. Alternative salary schedules are subject to State Board of Education approval.</p>				
<p>An individual's salary excluding any additional compensation in the form of bonuses, stipends, or supplements for additional work or responsibilities.</p>				

Description	Compensation Type and Size	Reach	Estimated Cost	Estimated Salary Expenditures
<p>Additional compensation for a pre-defined set of criteria. Bonus and stipend pay are awarded in addition to or "on top of" an individual's base pay. Bonuses/stipends are one-time payments awarded for a specific role, additional responsibility, or achievement of particular criteria. Bonuses and stipends are not a part of base salary and do not become a reoccurring part of an individual's compensation.</p>				
<p>A district specific plan designed to aid in recruiting and retaining highly effective teachers.</p>				
<p>A component, typically bonus or stipend, that provides an additional compensation for educators staffed in shortage areas such as high needs schools, subjects, or grade areas.</p>				
<p>A component, typically bonus or stipend, which provides educators additional compensation for completing additional duties or taking on additional responsibilities or teacher leadership roles.</p>				
<p>Individuals are provided with the choice to participate in a program. This provision is most often associated with alternative salary schedules and is not a required provision.</p>				
<p>A component that provides a base pay increase, bonus, or both to educators typically determined by an educator's individual performance using a Tennessee approved evaluation model, a school-level performance measure, or a district performance measure.</p>				
<p>A salary schedule that uses years of experience and education levels exclusively to determine educator's increases in base pay. Traditional schedules may follow the same structure as the state minimum salary schedule. Salary schedules that modify the amount of the step increases given for experience or change the structure of the education lanes may still be considered a traditional schedule as long as they meet or exceed the relevant state minimums.</p>				

Bartlett City Schools  
**10 Month TEACHER - ELEM/MID-COUNSELOR SALARY SCHEDULE**  
 2023-2024

All Teachers will follow this salary schedule as of 7/1/2023

STEP	B.A.		M.A.		M.A. +45		EDS		EDD	
	ANNUAL	SEMI-MO	ANNUAL	SEMI-MO	ANNUAL	SEMI-MO	ANNUAL	SEMI-MO	ANNUAL	SEMI-MO
0	47,440	1,976.66	51,288	2,136.99	55,266	2,302.74	56,044	2,335.18	58,103	2,420.97
1	48,407	2,016.95	52,485	2,186.86	56,654	2,360.59	57,444	2,393.51	59,431	2,476.29
2	49,585	2,066.05	53,635	2,234.80	57,978	2,415.74	58,764	2,448.48	60,751	2,531.31
3	50,687	2,111.97	54,741	2,280.89	59,270	2,469.60	60,060	2,502.51	62,043	2,585.13
4	51,716	2,154.85	55,866	2,327.76	60,688	2,528.65	61,481	2,561.70	63,527	2,646.97
5	52,630	2,192.91	56,821	2,367.54	61,809	2,575.39	62,565	2,606.89	64,641	2,693.36
6	53,919	2,246.64	58,192	2,424.66	63,395	2,641.48	64,159	2,673.28	66,232	2,759.67
7	54,581	2,274.20	58,892	2,453.85	64,457	2,685.73	65,258	2,719.07	67,248	2,801.99
8	55,658	2,319.09	60,065	2,502.73	65,726	2,738.60	66,550	2,772.93	68,514	2,854.73
9	56,167	2,340.29	60,624	2,525.99	66,525	2,771.86	67,335	2,805.63	69,792	2,907.99
10	57,293	2,387.20	61,847	2,576.97	67,889	2,828.72	68,670	2,861.25	70,697	2,945.71
11	58,849	2,452.04	63,502	2,645.90	69,930	2,913.74	70,672	2,944.68	72,752	3,031.33
12	60,266	2,511.10	64,914	2,704.74	71,466	2,977.73	72,284	3,011.85	74,260	3,094.16
13	61,703	2,570.97	66,306	2,762.76	73,163	3,048.46	73,940	3,080.82	76,019	3,167.46
14	63,045	2,626.89	67,796	2,824.82	74,680	3,111.67	75,500	3,145.83	77,463	3,227.63
15	64,488	2,687.01	69,161	2,881.73	76,331	3,180.47	77,141	3,214.20	79,149	3,297.89
16	65,131	2,713.79	69,805	2,908.55	76,975	3,207.29	77,785	3,241.02	79,794	3,324.75
17	65,776	2,740.66	70,450	2,935.41	77,621	3,234.20	78,428	3,267.85	80,438	3,351.58
18	66,681	2,778.38	71,452	2,977.17	78,766	3,281.92	79,592	3,316.34	81,641	3,401.70
19	68,014	2,833.92	72,881	3,036.70	80,341	3,347.54	81,184	3,382.65	83,273	3,469.73



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insuring the world's fun ®

041923

BARTLETT CITY SCHOOLS  
5650 WOODLAWN STREET  
BARTLETT, TN 38134

Re: Policy Number: KAMV0000018033602  
BARTLETT CITY SCHOOLS

Dear Sir/Madam,

Thank you for providing the opportunity for K&K Insurance to serve your specialized insurance needs.

Enclosed is your insurance coverage document(s). Please carefully review coverages, limits and exclusions and contact me immediately if changes or additions are necessary. An additional premium or a credit may occur for any changes.

Premium should be remitted to our office in accordance with the payment schedule upon which we have agreed.

Sincerely,

*Cheryl Norris*

Cheryl Norris  
Field Underwriter

Enclosure

1712 Magnavox Way, P.O. Box 2338  
Fort Wayne, IN 46801-2338  
800-637-4757 Fax: 260-459-5866  
[www.kandkinsurance.com](http://www.kandkinsurance.com)  
California License #0334819

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COV2

BARTLETT CITY SCHOOLS  
5650 WOODLAWN STREET  
BARTLETT, TN 38134

THIS SIDE IS FOR MAILING PURPOSES ONLY.



**STUDENT OR ATHLETE  
ACCIDENT CLAIM FORM**  
Excess Coverage  
K-12 ACCOUNTS

**CLAIMS DEPARTMENT**

1712 Magnavox Way, P.O. Box 2338 | Fort Wayne, IN 46801-2338  
Ph: 800-237-2917 Fax: 312-381-9077 California License #0334819  
email:kk.PAClaims@kandkinsurance.com  
www.kandkinsurance.com

**INSTRUCTIONS FOR FILING**

**NOTE: Claim Form must be fully completed and signed. File your claim promptly. Failure to do so could result in a denial of coverage.**

**Basic Procedures for Submitting Statement of Claim**

1. A school official will complete their portion and then give the claim form to the student's or athlete's parent(s)/guardian(s) for completion.
2. The student's or athlete's parent(s)/guardian(s) will complete the appropriate portion of the form. Attach any related medical bills and primary insurance explanation of benefits and forward to K&K Insurance Group, Inc.

**To the Student or Athlete/Parent/Guardian**

If you are attaching related medical bills, these bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred and the charges made. For hospital charges, this would be a UB04 and for the physician/ancillary charges, this would be a CMS1500. The medical providers may also bill K&K Insurance Group, Inc. direct at the address above.

**SECTION I – TO BE COMPLETED BY CLAIMANT'S PARENT(S)/GUARDIAN(S)**

1. Student's Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_ Sex:  Male  Female
3. Student's grade in school: \_\_\_\_\_ Email address: \_\_\_\_\_
4. Home Address Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent(s)/Guardian(s) Home Phone: \_\_\_\_\_
5. Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_  AM  PM  
Nature of Injury: \_\_\_\_\_ Describe exactly how accident happened: \_\_\_\_\_
6. Nature of activity and location during which the injury occurred (check all boxes which apply):
 

<input type="radio"/> Pre-Kindergarten	<input type="radio"/> Elementary School	<input type="radio"/> Middle School
<input type="radio"/> High School	<input type="radio"/> Cafeteria	<input type="radio"/> Classroom Activities
<input type="radio"/> Interscholastic Sports	<input type="radio"/> Intramural Sports, <i>name of sport, if applicable:</i> _____	<input type="radio"/> Other Activity (specify) _____
<input type="radio"/> Club Sports	<input type="radio"/> Physical Education Class	<input type="radio"/> During Travel To or From the Event
<input type="radio"/> During Practice	<input type="radio"/> During Play	

Nature of Your Participation:

<input type="radio"/> Student	<input type="radio"/> Volunteer	<input type="radio"/> Student/Manager
<input type="radio"/> Athletic Participant	<input type="radio"/> Cheerleader	<input type="radio"/> Band Member
<input type="radio"/> Other (specify) _____		
7. Transfer Student?  Yes  No  
If yes, please identify the former school name: \_\_\_\_\_
8. Name, address and phone number of physician who first treated you: \_\_\_\_\_

9. Have you had a similar injury in the past?  Yes  No

If yes, describe and give dates: \_\_\_\_\_

10. Name, address and phone number of physician who treated you for previous injury: \_\_\_\_\_

11. Are you covered by any other medical expense benefits plan?  Yes  No

If yes, give the names of the plan(s) and the person(s) through whom you are insured and their relationship to you:

**IF YOU HAVE NO OTHER INSURANCE ON YOUR CHILD, BUT YOU AND/OR YOUR SPOUSE ARE EMPLOYED FULL TIME, PLEASE PROVIDE A STATEMENT FROM THE EMPLOYER(S) INDICATING YOUR CHILD IS NOT COVERED BY ANY INSURANCE OFFERED THERE**

**ALL BENEFITS WILL BE MADE PAYABLE TO PROVIDERS OF SERVICE INVOLVED, UNLESS ACCOMPANIED BY PAID RECEIPTS.**

## **THIS IS EXCESS MEDICAL COVERAGE**

I hereby authorize any physician, hospital, or other medically related facility, insurance company, or other organization, institution or person that has any records of knowledge of me, and/or the above named claimant, to disclose, whenever requested to do so by K&K Insurance/Specialty Benefits or its representative, any and all such information. A photocopy of this authorization shall be considered as effective and valid as the original.

Any person who knowingly and with intent to defraud any insurance company or other person files claim forms for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

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

### **SECTION II**

### **(TO BE COMPLETED BY PARTICIPATING SCHOOL)**

#### **FAILURE TO COMPLETE THIS FORM IN FULL MAY RESULT IN AN UNNECESSARY DELAY IN THE PROCESSING OF THIS CLAIM.**

1. Student's Name Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

2. Date of Accident \_\_\_\_\_

3. Activity \_\_\_\_\_

4. Nature of Injury \_\_\_\_\_

5. Name of Participating SCHOOL SYSTEM or SCHOOL DISTRICT \_\_\_\_\_

6. Name of participating SCHOOL \_\_\_\_\_

7. I hereby certify the foregoing statements made by me on this form to be true to the best of my knowledge. I am aware that if any of the foregoing statements on this form made by me are willfully false, I may be subject to penalties, which may include criminal prosecution.

SIGNATURE OF SCHOOL OFFICIAL: \_\_\_\_\_

PRINTED NAME/TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

Any person who knowingly and with intent to defraud any insurance company or other person files forms for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Date \_\_\_\_\_ Policyholder (School Official) Signature \_\_\_\_\_

## IMPORTANT NOTICE

• **In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **For Residents of Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.

• **For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance company or agent of an Insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from Insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

• **For residents of the District of Columbia:** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

• **For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

• **For residents of Kentucky:** Any person who knowingly and with intent to defraud any Insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

• **For residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

• **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

• **For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

• **For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

• **For residents of New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

• **For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent Insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

• **For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of Insurance fraud.

• **For residents of Oklahoma:** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

• **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

• **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

• **For residents of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

[AXIS\_FRAUD 0220]

**Dear Participant:** If you have an appointment with a doctor as a result of a sport related injury, please show this document to the doctor's insurance secretary. You should be identified as a member of the following preferred provider networks and/or their affiliates.

**Dear Doctor or Provider:** This document indicates that this patient is a participant in the following preferred provider networks and/or their affiliates.



HYGIEA

### INSTRUCTIONS FOR COMPLETING THE ACCIDENT INSURANCE FORM TO THE INJURED PERSON/PARENT/GUARDIAN

To the injured person/parent/guardian:

Complete part II of this claim form. Attach current itemized physician, hospital, or other provider's bills for accident medical expenses as well as the primary carrier's explanation of benefit showing their payment and denial. These bills must show the patient's name, condition (diagnosis), type of treatment given, date the expense was incurred, and the charges made. Return this form to K&K Insurance Group, Inc. Please note: Claim forms will be returned if not fully completed and signed. Omission of vital information will cause a delay in claim processing.



# OTHER INSURANCE QUESTIONNAIRE

NAME OF CLAIMANT: \_\_\_\_\_ INTERNATIONAL STUDENT  Yes  No  
 EMANCIPATED STUDENT:  Yes  No OVER AGE 26 AND NO LONGER DEPENDENT ON PARENT:  Yes  No  
 NAME OF INSURED: \_\_\_\_\_ POLICY NO: \_\_\_\_\_

FATHER	MOTHER
IS FATHER DECEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS MOTHER DECEASED? <input type="checkbox"/> Yes <input type="checkbox"/> No
IS FATHER LEGALLY RESPONSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IS MOTHER LEGALLY RESPONSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No
FATHER'S NAME (if injured is a minor) _____	MOTHER'S NAME (if injured is a minor) _____
DATE OF BIRTH: _____	DATE OF BIRTH: _____
EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No SELF-EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
DISABLED ON MEDICAID OR OTHER PUBLIC ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DISABLED ON MEDICAID OR OTHER PUBLIC ASSISTANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER NAME: _____	EMPLOYER NAME: _____
EMPLOYER ADDRESS: _____	EMPLOYER ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
PHONE: ( ) _____	PHONE: ( ) _____
CONTACT PERSON: _____	CONTACT PERSON: _____
Do you have group medical insurance coverage through your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have group medical insurance coverage through your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is it: <input type="checkbox"/> Individual <input type="checkbox"/> Family	If Yes, is it: <input type="checkbox"/> Individual <input type="checkbox"/> Family
If no, please be advised K&K may contact your employer to verify no primary insurance is in force.	If no, please be advised K&K may contact your employer to verify no primary insurance is in force.
INSURANCE COMPANY: _____	INSURANCE COMPANY: _____
INSURANCE COMPANY ADDRESS: _____	INSURANCE COMPANY ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____	CITY: _____ STATE: _____ ZIP: _____
POLICY NUMBER: _____	POLICY NUMBER: _____
TYPE OF PLAN: <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (HMO) <input type="checkbox"/> PREFERRED PROVIDER ORGANIZATION (PPO) <input type="checkbox"/> STANDARD MEDICAL AND HOSPITALIZATION COVERAGE <input type="checkbox"/> OTHER (describe) _____	TYPE OF PLAN: <input type="checkbox"/> HEALTH MAINTENANCE ORGANIZATION (HMO) <input type="checkbox"/> PREFERRED PROVIDER ORGANIZATION (PPO) <input type="checkbox"/> STANDARD MEDICAL AND HOSPITALIZATION COVERAGES <input type="checkbox"/> OTHER (describe) _____

**I/WE AGREE THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT ANY INCORRECT OR UNDISCLOSED INFORMATION CAN RESULT IN DUPLICATE PAYMENTS CREATING A SUBSTANTIAL OVERPAYMENT. THE RESPONSIBILITY OF SUCH OVERPAYMENT WILL BE THE OBLIGATION OF THE UNDERSIGNED TO REIMBURSE IN FULL, UPON REQUEST, ALL AMOUNTS DEEMED REFUNDABLE. I UNDERSTAND THAT IT IS A CRIME TO INTENTIONALLY ATTEMPT TO DEFRAUD OR KNOWINGLY FACILITATE A FRAUD AGAINST AN INSURER BY FILING INFORMATION CONTAINING FALSE OR DECEPTIVE STATEMENTS. ANY QUESTIONS ON THIS FORM NOT ANSWERED TRUTHFULLY CAN RESULT IN A CRIME.**

PARENT/GUARDIAN/FATHER SIGNATURE: \_\_\_\_\_ PARENT/GUARDIAN/MOTHER SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZED K&K OR ITS REPRESENTATIVES TO FURNISH TO ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER, ANY AND ALL INFORMATION WITH RESPECT TO THE ACCIDENTAL, INJURY FOR WHICH I AM CLAIMING INSURANCE BENEFITS.**

**I WAIVE ANY PROVISION OF LAW TO THE CONTRARY AND HEREBY AUTHORIZED ANY HOSPITAL, PHYSICIAN OR OTHER PERSON WHO HAS ATTENDED ME, AND MY INSURANCE CARRIER OR EMPLOYER, TO FURNISH TO K&K OR ITS REPRESENTATIVES ANY AND ALL INFORMATION WITH RESPECT TO ANY SICKNESS OR INJURY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTIONS, OR TREATMENT, AND COPIES OF ALL HOSPITAL, MEDICAL, OR INSURANCE RECORDS INCLUDING, BUT NOT LIMITED TO, INFORMATION REGARDING OTHER INSURANCE COVERAGES. I AGREE THAT A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AS THE ORIGINAL.**

**I UNDERSTAND THIS AUTHORIZATION IS NECESSARY TO FACILITATE THE OBTAINING AND PROVIDING OF INFORMATION NEEDED TO QUICKLY PROCESS MY CLAIM.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Please Note: If injured person is a minor, signature must be of parent or legal guardian.

# AXIS INSURANCE COMPANY

(A Stock Company)

(Herein called the Company)

Administrative Office:  
1 University Square Drive, Suite 200  
Princeton, NJ 08540

Home Office:  
111 South Wacker Drive, Suite 3500  
Chicago, IL 60606

## BLANKET ACCIDENT POLICY/CERTIFICATE AMENDMENT

POLICY AMENDMENT NO. 0000

POLICY RENEWAL

POLICYHOLDER: BARTLETT CITY SCHOOLS

DOING BUSINESS AS:

POLICY NUMBER: KAMV0000018033602

POLICY EFFECTIVE DATE: 07/01/23

POLICY ANNIVERSARY: 07/01

STATE OF ISSUE: TN

This Amendment is attached to and made part of the Policy effective 07/01/23 at 12:01 AM, Standard Time. Any changes in coverage apply only with respect to covered losses that occur on or after that date. Any changes in premium apply as of the first premium due date on or after the effective date of this Amendment.

It is hereby understood and agreed the Policy is renewed for a period of one year, commencing 07/01/23 and ending 08/31/24 .

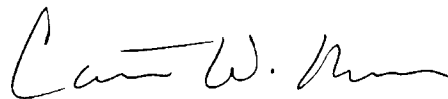
**Renewal Premium:** AS REPORTED

This Amendment expires concurrently with the Policy and is subject to all of the provisions, limitations and conditions of the Policy except as they are specifically modified by this Amendment.

The President and Secretary of AXIS Insurance Company witness this Amendment:



Secretary



President

# 2023-2024 Student Accident Coverage

Serviced by: **K&K Insurance Group, Inc.** Phone: 855-742-3135

**Remember to visit our website for faster enrollment: [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com)  
Online Enrollment—Secured Accident Coverage can be purchased any time throughout the year.**

**ACCIDENT ONLY COVERAGE:** The Policy provides benefits for loss due to a covered Injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that treatment by a qualified, licensed Physician begins within 60 days from the date of Injury, benefits will be paid for Covered Medical Expenses incurred within 52 weeks from the date of Injury up to the Maximum Benefit per service as shown below.

**SCHEDULE OF BENEFITS:** *Maximum Benefits Paid As Specified Below.*

Compare and Choose	Low Option Accident Only	High Option Accident Only
Maximum Benefit:	\$25,000 (For Each Injury)	\$25,000 (For Each Injury)
Deductible:	\$0	\$0
<b>Inpatient Hospital Services</b>		
Room & Board Expenses:	Up to \$150 per day/ Semi-private room rate	80% of Usual and Customary Charges/ Semi-private room rate
Miscellaneous Expenses:	\$600 maximum per day	\$1,200 maximum per day
Physician's Visits: <i>(Limited to one visit per day)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
<b>Ambulatory Medical Center</b>		
<b>Emergency Room Treatment:</b> <i>(Treatment must be rendered within 72 hours from the time of the injury)</i>	\$150 maximum	\$300 maximum
Surgery <i>(*Allowance is calculated: 100% of Usual and Customary Charges for the 1st procedure, 50% of Usual and Customary Charges for the 2nd procedure, and 25% of Usual and Customary Charges for each additional procedure when performed through different incisions/portals.)</i>	\$1,000 maximum	\$1,200 maximum
Assistant Surgeon	100% of Usual and Customary Charges <i>(*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)</i>
Anesthesia and its Administration	100% of Usual and Customary Charges <i>(*Allowance is calculated: 20% of the surgical maximum for the surgery performed as indicated above.)</i>	100% of Usual and Customary Charges <i>(*Allowance is calculated: 25% of the surgical maximum for the surgery performed as indicated above.)</i>
<b>Outpatient</b>		
Outpatient Physician Visits: <i>(Limited to one visit per day)</i>	\$40 first day/\$25 each subsequent day	\$60 first day/\$40 each subsequent day
Outpatient X-ray:	\$200 maximum	\$600 maximum
Outpatient Diagnostic Imaging Services:	\$300 maximum	\$600 maximum
Outpatient Laboratory:	\$50 maximum	\$300 maximum
Outpatient Physiotherapy: <i>(Limited to one visit per day. Includes acupuncture; microthermy; manipulation; diathermy; massage therapy; heat treatment; and ultrasonic treatment)</i>	\$30 first day/\$20 each subsequent day/ 5 days maximum	\$60 first day/\$40 each subsequent day/ 5 days maximum
<b>Ambulance Services:</b> <i>(Air and Ground)</i>	\$300 maximum	\$800 maximum
<b>Medical Equipment Rental:</b> <i>(Includes Orthopedic devices)</i>	\$75 maximum	\$140 maximum
<b>Dental Services:</b>	\$10,000 maximum per policy	\$10,000 maximum per policy term
<b>Prescription Drugs:</b>	\$75 maximum	\$200 maximum
<b>Consultant:</b>	\$200 maximum	\$400 maximum
<b>Replacement of Eye Glasses, Contact Lenses or Hearing Aids:</b>	100% of Usual and Customary Charges	100% of Usual and Customary Charges

**THIS IS A BLANKET ACCIDENT ONLY POLICY.**

U.S. Insurance coverage is underwritten by AXIS Insurance Company under group policy form series number BACC-001-0909, et al. Coverage is subject to exclusions and limitations, and may not be available in all US states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on local country or US state laws. Full terms and conditions of coverage, including effective dates of coverage, benefits, limitations, and exclusions, are set forth in the policy.

The amount of benefits provided depends upon the plan selected; the premium will vary with the amount of the benefits selected.

THIS INSURANCE DOES NOT COORDINATE WITH ANY OTHER INSURANCE PLAN. IT DOES NOT PROVIDE MAJOR MEDICAL OR COMPREHENSIVE MEDICAL COVERAGE AND IS NOT DESIGNED TO REPLACE MAJOR MEDICAL INSURANCE. FURTHER, THIS INSURANCE IS NOT MINIMUM ESSENTIAL BENEFITS AS SET FORTH UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.

## Choose Your Coverage Plan: *One-Time Payment For Accident Coverage*

### PLEASE NOTE - FOR COVERAGE PLANS LISTED BELOW

**Coverage Effective Date:** A person's coverage takes effect at the later of the date his or her completed student accident enrollment form and premium is received by the company or the effective date of the policy issued to his or her school or school district.

**Coverage Termination Date:** Coverage ends on the earlier of the date his or her coverage has been in force for twelve months or the first day of the next school year. All coverage ceases if the policyholder cancels the policy or when the person ceases to be an eligible person per the definition below. Termination of coverage for any reason will not affect a claim which occurs before coverage ends.

	Low Option	High Option
<b>24-Hour Accident</b> Around-the-clock. Before, during and after school. Weekends, vacation and all summer including summer school. School sponsored and extracurricular sports excluding High School Football.	\$112.00	\$165.00
<b>24-Hour Accident (Summer Only Coverage)</b> Summer begins on the first day after the school year ends. Summer ends the first day of the next school year.	\$39.00	\$51.00
<b>At-School Accident</b> During the regular school term, on school premises while school is in session. Direct and uninterrupted travel to and from home and scheduled classes. School Sponsored and supervised activities and sports excluding High School Football. Travel to and from school sponsored and supervised activities and sports while in a school furnished or approved vehicle.	\$30.00	\$38.00
<b>High School Football (Full Year)</b> Play or practice of regularly scheduled football.	\$176.00	\$293.00
<b>High School Football (Spring Only Rates)</b> For new players who participate in spring training and not already insured under Football Coverage. Sports seasons are defined by your state high school athletic association.	\$76.00	\$124.00
<b>High School Football and At-School Accident (Covers all athletics)</b>	\$206.00	\$331.00
<b>High School Football and 24-Hour Accident (Covers all athletics)</b>	\$288.00	\$458.00

## About Your Coverage

1. **ELIGIBLE PERSONS:** students of the policyholder who enroll and make the required premium contribution for the coverage selected are Eligible Persons under the Policy. Depending on the coverage selected, coverage may continue after graduation and between school years unless the person enrolls at a different school district.
2. The Master Policy is on file with the school district and is a non-renewable policy. The student coverage selected is non-renewable and requires the student to re-enroll each school year.
3. This is a limited benefit policy.
4. **COVERAGE EFFECTIVE DATE:** Insurance becomes effective for a student who enrolls and makes the required premium contribution on the latest of the following dates:
  - a. the Policy Effective Date;
  - b. the date the Company receives student's completed enrollment form and the required premium payment.

In no event will insurance for the Eligible Person become effective before the Policy Effective Date.
5. **COVERAGE TERMINATION DATE:** Coverage ends on the earlier of the date: he or she is no longer an Eligible Person, the end of the 1 year coverage term or the date the School's policy ends. All coverage ceases if the policyholder cancels the policy or when person ceases to be eligible. Termination of coverage for any reason will not affect a claim for a Covered Accident that occurs before the termination date.
6. **LATE ENROLLMENT:** Coverage may be purchased at any time during the school year. There is no premium reduction for any individual who enrolls late in the year.
7. **CANCELLATION:** Your coverage under the Policy will not be cancelled, and accordingly, premiums may not be refunded after acceptance by the Company.

## Enroll online at:

**[www.StudentInsurance-kk.com](http://www.StudentInsurance-kk.com)**

### or by mail using attached enrollment form.

1. Complete and detach the enrollment form.
2. Make check or money order payable to Axis Insurance Company. Do not send cash. The Company is not responsible for cash payments.
3. Write your child's name on your check or money order.
4. Mail completed enrollment form with payment back to:  
**K&K Insurance Group,  
P.O. Box 2338  
Fort Wayne, IN 46801-2338**
5. Your cancelled check, credit card billing, or money order stub will be your receipt and confirmation of payment.
6. Keep this brochure for future reference. Individual policies will not be sent to you.

## Privacy Policy

We know that your privacy is important to you and we strive to protect the confidentiality of your nonpublic personal information. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted or required by law. We believe we maintain appropriate physical, electronic and procedural safeguards to ensure the security of your nonpublic personal information.

## Administered by:

K&K Insurance Group, P.O. Box 2338,  
Fort Wayne, IN 46801-2338

 *Cut out card and retain for your records*

### STUDENT INSURANCE CARD

Student's Name \_\_\_\_\_

*If premium has been paid, the student whose name appears above has been insured under a Policy issued to:*

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

Accident Only Coverage:  24-HOUR  24-HOUR (Summer Only Coverage)

AT-SCHOOL  FOOTBALL  FOOTBALL (Spring Only)  EXTENDED DENTAL

Paid by Check # \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Policy # \_\_\_\_\_

Underwritten by: AXIS Insurance Company  
Claims Questions: K&K Insurance Group, Inc.  
1712 Magnavox Way • Fort Wayne, IN 46801 • 800-237-2917

## COMMON EXCLUSIONS

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits Section or Conditions of Coverage Section:

- intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
- commission or attempt to commit a felony or an assault;
- commission of or active participation in a riot or insurrection;
- declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
- flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
- travel in any Aircraft owned, leased operated or controlled by the Policyholder, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder if the Aircraft may be used as the Policyholder wishes for more than 10 straight days, or more than 15 days in any year;
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or non directly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
- injuries compensable under Workers' Compensation law or any similar law;
- operating any type of vehicle or Conveyance while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Insured Person has been provided a written warning against operating a vehicle or Conveyance while taking it. Under the influence of alcohol, for purposes of this exclusion, means intoxicated, as defined by the motor vehicle laws of the state in which the Covered Loss occurred;
- the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
- An Accident if the Insured Person is the operator of a motor vehicle and does not possess a valid motor vehicle operator's license, unless: (a) the Insured Person holds a valid learners permit and (b) the Insured Person is receiving instruction from a driver's education instructor;
- aggravation, during a Covered Activity, of an injury the Insured Person suffered before participating in that Covered Activity unless the Company receives a written medical release from the Insured Person's Physician;
- participating in any hazardous activities, including the sports of snowmobile, ATV (all terrain or similar type wheeled vehicle), personal watercraft, sky diving, scuba diving, skin diving, hang gliding, cave exploration, bungee jumping, parachute jumping or mountain climbing;
- medical or surgical treatment, diagnostic procedure, administration of anesthesia, or medical mishap or negligence, including malpractice unless it occurs during treatment of a Covered Injury; or
- benefits will not be paid for services or treatment rendered by any person who is:
  - employed or retained by the Policyholder;
  - living in the Insured Person's household;
  - an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person's Spouse; or
  - the Insured Person.

## EXCLUDED EXPENSES

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided:

- cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Injury;
- any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment of supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States;
- examination or prescriptions for, or purchase, repair or replacement of wheelchairs, braces, appliances, orthopedic braces, or orthotic devices;
- treatment in any Veteran's Administration, Federal, or state facility, unless there is a legal obligation to pay;
- services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay;
- repair or replacement of existing artificial limbs, eyes and larynx;
- treatment of an injury resulting from a condition that the Insured Person knew existed on the date of a Covered Accident, unless the Company has received a written medical release from his Physician.

In no event will the Company's total payments for the Insured Person exceed the Total Maximum for all Accident Medical Benefits shown in the Schedule of Benefits.

Other Exclusions that apply to this Benefit are in the Common Exclusions Section.

## ACCIDENT ONLY DEFINITIONS:

**Covered Injury** means Accidental bodily injury:

- which is sustained by an Insured Person as a direct result of an unintended, unanticipated Covered Accident that is external to the body and that occurs while the injured person's coverage under the Policy is in force;
- which results directly and independently from all other causes from a Covered Accident; and
- which occurs while such person is participating in a Covered Activity. The Covered Injury must be caused through Accidental means. All injuries sustained by an Insured Person in any one Covered Accident, including related conditions and recurrent symptoms of these injuries, are considered a single injury.

**Accident or Accidental:** means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

**Covered Expenses:** means expenses actually incurred by or on behalf of an Insured Person for treatment, services and supplies covered by this Policy. A Covered Expense is deemed to be incurred on the date treatment, service or supply that gave rise to the expense or the charge, was rendered or obtained.

**Medically Necessary:** means medical services that:

- are essential for diagnosis, treatment or care of the Covered Injury for which it is prescribed or performed;
- meets generally accepted standards of medical practice; and
- are ordered by a Physician and performed under His care, supervision or order.

## ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS:

Covered Loss must occur within 365 days of the Covered Accident. Not more than the Aggregate Limit of \$500,000 will be paid for all Covered Losses, Covered Accidents and Covered Injuries suffered by all Insured Persons as the result of any one Covered Accident that occurs under one of the Conditions of Coverage. This Aggregate Limit is payable only once, should more than one Condition of Coverage apply, We will pay the greater amount. If this amount does not allow all Insured Persons to be paid the amounts this Policy otherwise provides, the amount paid will be the proportion of the Insured Person's loss to the total of all losses, multiplied by the Aggregate Limit.

COVERED LOSS	BENEFIT AMOUNT
Loss of Life	\$10,000
Loss of Two or More Hands or Feet	\$10,000
Loss of Sight of Both Eyes	\$10,000
Loss of Speech and Hearing (in Both Ears)	\$10,000
Loss of One Hand or Foot and Sight in One Eye	\$10,000
Loss of One Hand or Foot	\$5,000
Loss of Sight in One Eye	\$5,000
Loss of Speech	\$5,000
Loss of Hearing (in Both Ears)	\$5,000
Loss of Hearing in One Ear	\$2,500
Loss of Thumb and Index Finger of the same Hand	\$2,500
Exposure and Disappearance	Included



# **IMPORTANT NOTICE - FRAUD WARNING**

- **In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For Residents of Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
- **For Residents of California:** For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- **For residents of Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- **For residents of the District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- **For residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
- **For residents of Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
- **For residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- **For residents of Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of New Hampshire:** Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- **For residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- **For residents of New Mexico:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
- **For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- **For residents of Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- **For residents of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.



Underwritten by:  
**AXIS Insurance Company**  
 Serviced by:  
 K&K Insurance Group, Inc.

# MANDATORY & VOLUNTARY BLANKET MASTER INSURANCE APPLICATION

Coverage not available in the following states: AR, MD, NH, NY, WA

Application is hereby made for a plan of BLANKET ACCIDENT INSURANCE based on the following statements and representations:

Policyholder: Name of School/District \_\_\_\_\_  
 Requested Effective Date: \_\_\_\_\_ Requested Termination Date (one year from the Requested Effective Date): \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### Mandatory Accident Coverage *(Coverage selected by school/district)*

Product Option	Grades	Total # of Insured	Rate	Premium
At-School Including Athletics & Activities				
At-School Excluding Athletics & Activities				
Athletics & Activities				
Field Trip				
School Band				
JROTC				
Other (Please Specify)				
Other (Please Specify)				
Other (Please Specify)				
<b>Total Mandatory Premium Due:</b> _____				

### Voluntary Accident Coverage

Estimated annual school enrollment (total number of students): \_\_\_\_\_  
 Grades (mark one):  PK-12     Elementary School     Middle School     High School  
 Effective Date: \_\_\_\_\_

The terms and conditions of the requested plan of insurance may vary in certain states as required by the laws of those states. The terms of the policy when issued will govern. It is agreed the insurance applied for will not become effective unless a) this application is received and approved by AXIS Insurance Company based on current rules and requirements; b) the policy is accepted by the applicant; and c) the required premium is paid when due.

**The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**POLICYHOLDER SIGNATURE**

\_\_\_\_\_  
 Authorized Signature of Applicant

\_\_\_\_\_  
 Printed or typed name of Applicant's Authorized Representative

\_\_\_\_\_  
 Date

**LICENSED BROKER/AGENT SIGNATURE**

\_\_\_\_\_  
 Licensed Broker/Agent

\_\_\_\_\_  
 License Number

\_\_\_\_\_  
 Date

# **IMPORTANT NOTICE - FRAUD WARNING**

- **In General, and specifically for residents of Arkansas, Illinois, Louisiana, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- **For Residents of Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines and confinement in prison, or any combination thereof.
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- **For residents of New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- **For residents of Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- **For residents of Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- **For residents of Oregon:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
- **For residents of Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
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- **For residents of Virginia:** Any person who with the intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a false or deceptive statement may have violated state law.

<b>Bartlett City Board of Education</b>		<b>6045</b>
Descriptor Term: <b>MIGRANT STUDENTS</b>	Descriptor Code: <b>Student Services</b>	Issue Date: <b>02/27/2014</b>
	Rescinds:	Revised:

1 The Superintendent or ~~designee~~ [the Title I N&D Supervisor](#) shall identify migratory students  
2 attending Bartlett City Schools, as required by law, and develop administrative procedures for  
3 ensuring that migrant students receive services for which they are eligible.<sup>1</sup> In developing and  
4 implementing a program to address the needs of migratory students, Bartlett City Schools will:<sup>2</sup>

- 5 1. Identify migratory students and assess the educational and related health and social  
6 needs of each student [through an Individual Needs Assessment \(INA\)](#).
- 7 2. Provide a full range of services to migrant students including applicable Title I programs,  
8 special education, gifted education, vocational education, language programs, counseling  
9 programs, and other programs available to all children attending Bartlett City Schools.
- 10 3. Provide migratory children with the opportunity to meet the same statewide assessment  
11 standards that all students are expected to meet.
- 12 4. To the extent feasible, provide advocacy and outreach programs to migratory students  
13 and their families and professional development for district staff.
- 14 5. Provide parents an opportunity for meaningful participation in the program.

15 If a migrant student is identified by the district, the ~~director of schools or~~ [Title I N&D Supervisor](#)  
16 ~~designee~~ shall notify the Tennessee Department of Education<sup>3</sup> [and request assistance if needed](#)  
17 ~~and request assistance if needed~~ [in the following manner:-](#)

- 18 [1. Upload each qualifying Occupational Survey into the TN Migrant website; and](#)
- 19 [2. Notify the statewide MEP contractor.](#)

<sup>1</sup> [State Board of Education Policy 2.103](#)

<sup>2</sup> ~~20 U.S.C. § 6318; 20 U.S.C. § 6391 et seq. 20 U.S.C. § 6318; 20 U.S.C. § 6391; 20 U.S.C. § 6399~~

<sup>3</sup> ~~20 U.S.C. § 6391 et seq. 20 U.S.C. § 6318; 20 U.S.C. § 6391; 20 U.S.C. § 6399~~

## POLICY 6044: Homeless Students

Homeless students shall have equal access to the same free, appropriate public education as provided to other students. The District shall establish safeguards that protect homeless students from discrimination on the basis of their homelessness. The McKinney-Vento Act (Section 725) defines “homeless children and youth” as individuals who lack a fixed, regular, and adequate nighttime residence, including children and youth who are:

1. Sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; or
2. Living in motels, hotels, trailer parks, camping grounds, cars, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings due to the lack of alternative adequate accommodations; or
3. Living in emergency or transitional shelters; or
4. Abandoned in hospitals; or
5. Awaiting foster care placement ~~Students who have a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings);~~ or
6. Awaiting foster care placement;
- 6-7. Migratory children who qualify as homeless because they are living in circumstances described above; or
- 7-8. Unaccompanied youth, including youth not in the physical custody of a parent or guardian, such as runaways and youth denied housing by their families.

Homeless students have the following rights:

1. The right to immediate enrollment in school, even if lacking paperwork normally required for enrollment (such as previous academic records, immunization records, proof of residency, or other documentation); and
2. The right to attend school in (1) his/her school of origin, (2) last school attended, (if this is requested by the parent and is feasible) or (3) the school in the school-in-the attendance area where the family or youth is currently residing, based on the parent's request or views of an unaccompanied homeless student and where feasible considering the best interests of the child; and
3. The right to receive transportation to his/her school of origin, if this is requested by the parent or BCS staff charged with assisting homeless students; and
4. The right to services comparable to those received by housed schoolmates, including but not limited to, transportation services; educational services for which the student meets eligibility criteria such as educational programs for disadvantaged students, students with disabilities, and gifted and talented students; vocational programs and

technical education; school meal programs; preschool programs; before-and-after-school care programs; and programs for students with limited English proficiency; ~~and~~

5. The right to attend school along with children not experiencing homelessness. Segregation based on a student's status as homeless is strictly prohibited; ~~and~~

- 5.6. The right to appeal any decision related to eligibility, enrollment, or school selection.

The rights of homeless students as defined above shall be posted in all schools and other places around the community.

The Title I N&D Supervisor shall serve as the BCS Liaison for Homeless Children. The Liaison will collaborate with the State Coordinator for the Education of Homeless Children and Youth and with community and school personnel responsible for the provision of education and related services to homeless children and youth. If a dispute arises over the eligibility, school selection, or school enrollment of a homeless student under this Policy, the District shall ensure the following:

1. The student is immediately enrolled in the school in which enrollment is sought, pending final resolution of the dispute;
2. The parent/guardian or unaccompanied youth is provided with a written explanation of dispute-related decisions made by the school or District, including the right to appeal any such decisions. In the case of unaccompanied youth, the BCS Liaison shall ensure the written notice is provided directly to the youth ; and
3. The BCS Liaison will carry out the dispute resolution process as expeditiously as possible after receiving notice of the dispute.

Superintendent ~~shall identify district staff to assist homeless students and~~ shall develop administrative procedures to ensure that information regarding the rights existing under federal law for homeless children, youth, and their families are provided to students and parents ~~/guardians who are homeless.~~

~~Title X, Part C of the No Child Left Behind Act~~ 42 USC §§ 11431 to 11434; McKinney-Vento Education Assistance Improvements Act of 2001, Part C, §721

McKinney-Vento Act, as amended by ESSA (Pub. L. 114-95), ~~Homeless Education Act of 2001 Subtitle B~~ §§ 721-725

T.C.A. §49-50-1701 et seq.