# ALTERNATIVE SCHOOL-BASED DECISION MAKING APPLICATION

|  |  |
| --- | --- |
| **DATE:** | Click or tap to enter a date. |
| **DISTRICT:** | Click or tap here to enter text. |
| **SCHOOL:** | Click or tap here to enter text. |
| **ADDRESS:** | Click or tap here to enter text. |

## STATUTORY AUTHORITY AND INSTRUCTIONS

A school with school-based decision making (SBDM), that wishes to be exempt from the administrative structure set forth KRS 160.345, may develop a model for implementing school-based decision making including, but not limited to, a description of the membership, organization, duties and responsibilities of a school council.

The school shall submit the model through the local board of education to the Commissioner of Education and the Kentucky Board of Education (KBE), which shall have final authority for approval. The application for approval of the model shall show evidence that it has been developed by representatives of the parents, students, certified personnel and the administrators of the school and that two-thirds (2/3) of the faculty have agreed to the model. [KRS 160.345(7)]. Therefore, the following are the minimum requirements for an alternative SBDM application:

1. The model must include, but not be limited to, a description of membership, organization, duties and responsibilities of a school council.
2. The school shall submit the model by application through the local board of education to the Commissioner of Education and the State Board of Education for approval.
3. The application for approval of the model shall show evidence that it has been developed by representatives of the parents, students (if appropriate based on age/grade), certified personnel and the administrators of the school and that two-thirds (2/3) of the faculty have agreed to the alternative model.

If the school’s alternative model is approved by the State Board of Education, all members of the new administrative structure must be elected as prescribed by KRS 160.345(2)(b): The teacher representatives shall be elected for one (1) year terms by a majority of the teachers. A teacher elected to a school council shall not be involuntarily transferred during his or her term of office. The parent representatives shall be elected for one (1) year terms. The parent members shall be elected by the parents of students pre-registered to attend the school during the term of office in an election conducted by the parent and teacher organization of the school or, if none exists, the largest organization of parents formed for this purpose. [KRS 160.345(2)(b)]

## DESCRIPTION OF THE ALTERNATIVE MODEL

This application for an alternative SBDM model must contain a description of the membership, organization, duties and responsibilities of the school council as prescribed in KRS 160.345(7). Other information pertaining to the alternative model may also be included. Attach description to application.

To show evidence that the model has been developed by representative of the families, certified staff, school administration and students (if appropriate), representatives from each required group signed below. Attach additional pages with signatures, if needed.

Actual signatures on a hard copy should be kept in district or school office for auditing purposes. The names can be entered on this form and submitted electronically to the Kentucky Department of Education (KDE).

|  |  |
| --- | --- |
| **Administrative Representatives:** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Certified Staff Representatives:** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Parent Representatives:** | Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| **Student Representatives:****(e.g., student council president, student leadership group)****If applicable.**  | Click or tap here to enter text. |
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| Click or tap here to enter text. |

## VOTING VALIDATION

The school must currently be operating under the prescribed school-based decision making model in KRS 160.345(2) or have operated under an approved alternative model currently in place prior to this date. Two-thirds of the school’s faculty voted in favor of the alternative school-based decision making model herein described and therefore, state their wish to be exempt from the administrative structure provided in KRS 160.345(2) in order to enact the alternative school-based decision making model described in Part II of this application.

To validate the two-thirds (2/3) faculty vote for implementing school-based decision making through an alternative model, please complete the following:

|  |  |
| --- | --- |
| Date of Faculty Vote: | Click or tap to enter a date. |
| Number of Faculty of School: | Click or tap here to enter text. |
| Number of Faculty Who Voted in **Favor** of the SBDM Alternative Model: | Click or tap here to enter text. |
| Number of Faculty Who **Voted Against** SBDM Alternative Model: | Click or tap here to enter text. |
| Percentage of Faculty Who **Voted in Favor** of the SBDM Alternative Model:  | Click or tap here to enter text. |

## SIGNATURES

On Click or tap to enter a date. (date), this application was forwarded through the local board of education to the Kentucky Commissioner of Education and the Kentucky Board of Education for approval.

By signing and submitting this application, the undersigned hereby certify that the information contained in this application is true and accurate to the best of the undersigned’s knowledge and belief.

Click or tap here to enter text. Click or tap to enter a date.

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Signature of School Principal Date

Click or tap here to enter text. Click or tap to enter a date.

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Signature of District Superintendent Date

Click or tap here to enter text. Click or tap to enter a date.

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Signature of Board Chairperson Date

### Send application with electronic signatures to:

ashlie.cox@education.ky.gov.

Form with actual signatures shall be kept in district and school office.

**FOR OFFICE USE ONLY**

**SBDM Office:**

Date Received: Click or tap to enter a date.

 Date Forwarded to Commissioner’s Office: Click or tap to enter a date.

**Commissioner’s Office:**

 Date Received: Click or tap to enter a date.

 Date Posted to KY Board of Education Agenda: Click or tap to enter a date.

**Kentucky Board of Education:**

 Date of Board of Education Meeting: Click or tap to enter a date.

 Approved [ ]  Denied [ ]

 If denied, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Local Board of Education and Applying School:**

Date of notification: Click or tap to enter a date.

Re: Attach Kentucky Board of Education minutes and staff note