

APPLICATION FOR AN ALTERNATIVE MODEL FOR SCHOOL-BASED DECISION MAKING

DATE:
DISTRICT:
SCHOOL:
ADDRESS:

I. STATUTORY AUTHORITY AND INSTRUCTIONS

A school that chooses to have school-based decision making but would like to be exempt from the administrative structure set forth by this section 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 chief state school officer and the Kentucky Board of Education, 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)]

1. The model must include, but not 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 chief state school officer 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.

Once the school's alternative model has been 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)]

II. DESCRIPTION OF THE ALTERNATIVE MODEL

This application for an alternative model must contain a description of the membership, organization, duties and responsibilities of a 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.

Administrative Representatives:	
Certified Staff Representatives:	
Parent Representatives:	
Student Representatives: (e.g., student council president, student leadership group)	

III. VOTING VALIDATION

This verification shows that the school requests approval to implement an alternative school-based decision making model. 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:

Number of Faculty of School: _____

Number of Faculty Who Voted in **Favor** of the SBDM Alternative Model: _____

Number of Faculty Who Voted **Against** SBDM Alternative Model: _____

Percentage of Faculty who voted in **Favor** of the SBDM Alternative Model: _____

IV. SIGNATURES

On _____ (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.

Signature of School Principal

Date

Signature of District Superintendent

Date

Signature of Board Chairperson

Date

Send original application with original signatures to:

SBDM Office
Kentucky Department of Education
500 Mero Street, 8th floor
Frankfort, KY 40601

FOR OFFICE USE ONLY

SBDM Office

Date Received: _____
Date Forwarded to Commissioner's Office: _____

Commissioner's Office:

Date Received: _____
Date Posted to KY Board of Education Agenda: _____

Kentucky Board of Education:

Date of Board of Education Meeting: _____
Approved/Denied: _____
If denied, reason: _____

Local Board of Education and Applying School

Date of notification: _____

Re: Attach Kentucky Board of Education minutes and staff note