

NEWBURG PUBLIC SCHOOLS

DISTRICT R-II
701 WOLF PRIDE DRIVE, P.O. BOX C
NEWBURG, MISSOURI 65550-0503
(573) 762-9653

Dr. Lynne Reed
Superintendent
(573) 762-3040- FAX

Russ Mudd
K-12 Principal
(573) 762-2498- FAX

Janice Webb
Assistant K-12 Principal
(573) 762-0140- FAX

Records Request

Student Name: _____ Grade: _____ Graduation Year _____

The above named student has enrolled at Newburg R-II School. Please forward the following information to our school as soon as possible:

- _____ Withdrawal form to include subject areas and grades to date.
- _____ Transcript of credits earned with grade and record interpretation.
- _____ US Constitution and MO Constitution pass/fail information.
- _____ Health and immunization records.
- _____ Test records to include MAP Assessment, MAP, EOC, and ACT if applicable.
- _____ Special service documents including diagnostic summary and current IEP.
- _____ Discipline records.

Please include any other information that you feel may be helpful. Your immediate action in responding to this request is appreciated and will better help us serve the needs of the student. If you have questions, concerns, or do not have records on this student, please let us know by phoning 573-762-9653 ext. 1301
Thank you!

Dates of Attendance: _____

Send to Registrar:
Newburg High School
701 Wolf Pride Drive
P.O. Box C
Newburg, MO 65550

Transferring from:

Phone: 573-762-9653 ext. 1301
Fax: 573-762-0140
Email: kdelong@newburg.k12.mo.us

Phone: _____
Fax: _____

The Family Educational Rights and Privacy Act (FERPA) states that the signature of a parent/guardian in **not** required for school records to be sent to another educational facility however, when a parent/guardian is available, we do request his/her signature.

Parent Signature

Date

Newburg R-II Schools

Newburg, MO 65550

Student Information

Student's Legal Name _____
Last First Middle Suffix (Jr., II, III)

Date of Birth _____ (Month/Day/Year) Gender: Male Female

Student Cell: _____ Parent Phone Number _____

Race: American Indian/Alaska Native Asian Black/African American Hispanic
(optional) Native Hawaiian/Pacific Islander Multi-Racial White/Caucasian

Grade: PK K 1 2 3 4 5 6 7 8 9 10 11 12

Has this student been retained? Yes No If yes, which grade? _____

Has this student previously attended the Newburg School District? Yes No
If yes, dates attended: _____ Grade Attended: _____

Has this student received any of the following services: English Language Learners (ELL) Title 1 Services
 Individual Education Plan (IEP) Section 504 Plan

Parent Information

The Child lives with	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Legal Guardian <input type="checkbox"/> Step Parent <input type="checkbox"/> Other _____
Legal Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Guardianship Paperwork <input type="checkbox"/> Power of Attorney <input type="checkbox"/> No Legal Documentation
Home Physical Address (Street, City, State)	(Father)		(Mother)
Home Mailing Address (If different than physical address)			

Home Phone		
Cell Phone		
E-mail address		
Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Reserve	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		
Employer's Address		
Work Phone		
Request Mailings	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Sibling Information

Does the above named student have any siblings currently enrolled in the Newburg R-II District? Yes No

If yes, please complete

	Name	Birth Date	Grade
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
Please list children in your home including infants, toddlers & preschoolers			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			
<input type="checkbox"/> Brother <input type="checkbox"/> Sister			

Parent Survey

- Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?
- Yes No Explain if it is a similar reason: _____
- Are you currently residing at a motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons? Yes No
- Are you currently residing in a shelter? Yes No
- Are you currently living in a temporary housing arrangements due to economic hardship? Yes No
- Do you use a language other than English? Yes No

7. Does the student use a language other than English? Yes No
8. If another language is spoke in the home what is the language? _____
9. Which language does your student use most often when speaking to his or her friends? _____
10. Which language does your student use most often when speaking to parent/guardian? _____

Transportation Information	
Does your student require using a school bus: <input type="checkbox"/> Every day <input type="checkbox"/> Specific days (please indicate) _____ <input type="checkbox"/> Morning/AM <input type="checkbox"/> Afternoon/PM <input type="checkbox"/> Both	[for office use only] AM Bus # _____ PM Bus # _____
Morning/AM address (only if different from home address) Street _____ Apt # _____ City _____ Residence _____ Please circle which day: M T W TH F Street _____ Apt # _____ City _____ Residence _____ Please circle which day: M T W TH F Street _____ Apt # _____ City _____ Residence _____ Please circle which day: M T W TH F	Afternoon/PM address (only if different from home address) Street _____ Apt # _____ City _____ Residence _____ Please circle which day: M T W TH F Street _____ Apt # _____ City _____ Residence _____ Please circle which day: M T W TH F Street _____ Apt # _____ City _____ Residence _____ Please circle which day: M T W TH F
Special Directions or Instructions: 	

Emergency Contact and Additional Information

In case of an emergency and we are unable to reach you, please indicate who we should contact regarding your child. Individuals, other than legal parents, will not be permitted to obtain information or pick up a child from school without written authorization. Please indicate who, of the below listed emergency contacts, may check your child out of school. All individuals will need to come to the school office, and show a photo ID to sign a child out of school during the school day.

Name	Relationship to Student	Daytime Phone Number	Cell Phone Number	Allow to pick-up child
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

School Messenger

Do you wish to receive school announcements via text message? Yes No

If yes, provide a cell phone number

1. _____
2. _____
3. _____
4. _____

Custodial Information

The other parent usually has the right to review or obtain information on their child from the school district. A non-custodial parent cannot be denied this information unless a court order revoking parental rights has been provided. Foster parents sometimes may act as the parent when the biological parents' rights have been terminated. Legal documentation showing parental rights, or revocation thereof, must be provided.

Is other parent allowed to pick-up the child? Yes No

If no, provide Legal documents/court orders pertaining to students.

Does the other parent have educational rights? Yes No

If no, provide Legal documents/court orders pertaining to students.

If student is under the care of:

Foster Parent(s) Yes No

Provide appropriate documents

Provide name and phone number of social worker/case manager

Name: _____

Phone: _____

Name: _____

Phone: _____

- Provide name of biological parent(s) so they are on record, should they contact the school for reports of academic progress (proof of custody may be requested):

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

School District Parents Reside in: _____

Legal Guardianship (Court Ordered) Yes No

Provide copy of guardianship documents

Provide name and address of parent(s)

Name: _____

Phone: _____

Address: _____

Name: _____

Phone: _____

Address: _____

Parent Authorization

All of the information provided on this enrollment form is true and accurate to the best of my knowledge as the child's parent/legal guardian

Print Name: _____

Signatures: _____

(Check One) Parent Step-Parent Guardian Other

Date



PARENT QUESTIONNAIRE

SCHOOL DISTRICT NAME	COUNTY-DISTRICT CODE
DISTRICT MIGRANT CONTACT	ENROLLMENT DATE

DIRECTIONS

Please complete the following survey information. Your child may be eligible for FREE additional educational services. If you answered yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for FREE additional educational services.

Mail the completed form to Migrant Education, Missouri Department of Elementary and Secondary Education, P.O. Box 480, Jefferson City, MO 65102. Questions? Contact Grants and Resources at 573-526-6989.

RELOCATION HISTORY

Have you moved to the school district in the past three (3) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In any location within the last three (3) years, have you worked in the agriculture or fishing industries? If yes, please choose all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have not worked in the agriculture or fishing industries in the past, do you plan to engage in this type of work soon?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last three (3) years have you worked or are you currently working in any of these areas? If so, which ones? (please circle)		

Pork, beef processing 	Milking Cows 	Nursery/Greenhouse 	Planting/Harvesting Crops
Planting, harvesting or ginning cotton 	Chicken processing, feeding poultry, gathering eggs, working in a hatchery 	Harvesting and packing apples 	Other: Fruit and vegetable processing Potatoes Feeding livestock Growing, tending to and felling trees

PARENT INFORMATION

PARENTS/GUARDIANS			
ADDRESS	CITY	STATE	ZIP
HOME PHONE	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME	DATE OF MOVE		

STUDENT INFORMATION

NAME OF CHILD	BIRTHDATE	SCHOOL BUILDING	GRADE

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, national origin, age, or disability in its programs and activities. Inquiries related to Department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Office of the General Counsel, Coordinator – Civil Rights Compliance (Title VI/Title IX/ADA/AA/AAge Act), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2569; email civilrights@deese.mo.gov.

Student Educational Records

FERPA Notice of Designation of Directory Information

NOTICE OF DESIGNATION OF DIRECTORY INFORMATION

Dear Parents and Guardians:

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that Newburg School District, with certain exceptions, obtains your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Newburg School District may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Newburg School District to include this type of information from your child's educational records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 to provide military recruiters, upon request, with three directory information categories - names, addresses and telephone listings - unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Newburg School District to disclose directory information from your child's educational records without your prior written consent, you must notify the District in writing by _____ (date). Newburg School District has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Photograph
- Date and place of birth
- Dates of attendance
- Grade Level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors and awards received

Newburg School District

Non-Discrimination and Student Rights

Searches by School Personnel: Student Lockers

**ACKNOWLEDGEMENT CONCERNING
USE OF STUDENT LOCKERS**

I acknowledge and understand that:

1. Student lockers are the property of the School District
2. Student lockers remain at all times under the control of the School District
3. I am expected to assume full responsibility for my school locker.
4. The School District retains the right to inspect student lockers for any reason at any time without notice, without student consent, and without a search warrant.

Student

Date

Locker Number

Non-Discrimination and Student Rights

Searches by School Personnel: Parking Lots

**ACKNOWLEDGEMENT CONCERNING
USE OF STUDENT PARKING LOTS**

I acknowledge and understand that:

1. Students are permitted to park on school premises as a matter of privilege, not of right.
2. The School District retains authority to conduct routine patrols of student parking lots and inspections of the exteriors of student automobiles on school property.
3. The School District may inspect the interiors of student automobiles whenever a school authority has reasonable suspicion to believe illegal or unauthorized materials are contained inside the automobiles.
4. Such patrols and inspections may be conducted without notice, without student consent, and without a search warrant.
5. If I fail to provide access to the interior of my car upon request by a school official, I will be subject to school disciplinary action.

Student

Date

Newburg R-II Technology User Agreement

Student User Agreement (K - 12)

I have read the Newburg R-II School Technology Acceptable Use Policy (found on the school website, Regulation 6320) and agree to abide by its provisions. I understand that violation of these provisions may result in disciplinary action taken against me, including, but not limited to, suspension or revocation of my access to district technology, suspension or expulsion from school.

I understand that my use of the district's technology is not private and that the school district may monitor my use of district technology, including, but not limited to, accessing browser logs, e-mail logs, and any other history of use. I consent to the district interception of or access to all communication I send, receive, or store using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

Student Printed Name _____ Grade _____

Student Signature _____ Date _____

Parent/Guardian Technology Agreement

I understand that violation of the Newburg R-II School Technology Acceptable Use Policy may result in disciplinary action taken against my child, ward, or child within my care, including, but limited to, suspension or revocation of my access to district technology, suspension or expulsion from school.

I understand my child or ward's technology usage is not private and that the school district will monitor my child or ward's use of technology, including, but not limited to, accessing browser logs, e-mail logs, and any other history of use. I consent to the district interception of or access to all communication my child or ward sends, receives, or stores using the district's technology resources, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I agree to be responsible for any unauthorized costs arising from my child or ward's use of the district's technology resources. I agree to be responsible for any damages incurred by my child or ward.

I give permission for my child or ward to utilize the school district's technology resources:

Circle one: YES NO

Parent/Guardian Signature _____ Date _____

The District's Acceptable Use Policy is available on the school's website (newburg.k12.mo.us) or a copy may be obtained in either the Elementary or High School Office. **THIS FORM MUST BE FILLED OUT CORRECTLY AND COMPLETELY TO BE ACCEPTED.** Thank your understanding and cooperation.

Newburg Website and Social Media Permission Form

The district maintains a website and social media pages dedicated to the education and enrichment of our students, staff, parents, and friends. We would like permission to allow your child or ward's name and/or photo to be published on the website and social media pages. If you would like to allow us to do so, please circle and sign this form. The district will never abuse or sell a student's information or photo.

I give permission for my child or ward's name and photo to be used on the school website and school social media pages.

Circle one: YES NO

Student Printed Name _____ Grade _____

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Random Drug Testing Program Participating and Consent Form for Eligibility in the Athletics/Activity Programs and Driving on Campus

Student's Name _____ Grade _____

As a school's participant in athletics and/or activities as well as a student driver, I understand that participation is completely voluntary. I understand that my signature below authorizes the Newburg R-II School District to obtain a urine sample from the student whose name appears above if his/her name is selected as part of the random selection, procedures of the Drug Testing Program. I also understand that currently available instant screen tests are not 100% reliable and that an instant screen test that shows positive will always be followed with a more sophisticated laboratory test for confirmation. I also understand that if a "positive" test results, the students and parents or guardians may need to disclose to the laboratory or its medical review officer any over-the-counter or prescription medications the student is or has taken. I understand that if a violation of the drug-testing policy occurs, the parent/legal guardian of the student, building administration, and the respective coach/activity sponsor will be the only individuals made aware of this information. I further understand and agree that the Newburg R-II School District may respond to a positive drug test result in accordance with the provisions of the Drug Testing Policy.

This completed form must be returned to the High School office within 10 days from entry into school.

By checking YES and signing this form, the parent/legal guardian and student understand and agree as follows:

The Student and parent have read and understand the guidelines for participation in the Newburg R-II School athletic/activities programs and student drivers as set forth in the student handbook. The student is compliant with all MSHSAA and Newburg R-II School's bylaws. If participating in a sport, the student must successfully pass a physical examination by a physician, and a copy of such examination must be on file in the athletic director's office prior to participation in practice of the sport.

____ Yes. I agree to participate in the Newburg R-II random drug testing pool. I, along with my parent/legal guardian, have read and understand the guidelines set forth by the Newburg R-II Student Drug Testing Policy. {Please sign this consent form and return it within the first ten days of school.}

____ No. I do not agree to have my child's name placed in the Newburg R-II random drug testing pool. I further understand that by making this decision, I relinquish my child's privileges to represent Newburg R-II School in extra and co-curricular activities. I also relinquish my child's privileges to drive on school property.

Student's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

For Office Use

Date Received in the Principal's Office _____

Received by: _____

Newburg R-II School District

Health and Special Service Information

Student: _____ School Year: _____
Gender: _____ Grade/ Teacher: _____ D.O.B: _____
Parent/ Guardian: _____ Parent/ Guardian: _____
Primary Phone : _____ Secondary Phone: _____

Health Information:

List any health/emotional conditions that have been medically diagnosed that may affect your child during the school day:

Diagnosis #1 _____ Date diagnosed: _____

Diagnosis #2 _____ Date diagnosed: _____

Diagnosis #3 _____ Date diagnosed: _____

Is there a special diet requirement prescribed by a physician? Yes or No

If yes please List _____

Has your health care provider informed you that your child has a life threatening allergy? Yes or No

If yes, please list the life threatening allergy: _____

Has your health care provider informed you that your child has **Asthma**? Yes or No

If your child has **Asthma** or a **life threatening allergy**, please see the nurse. Newburg R-II School recommends having an Asthma/ Allergy Action plan in place. If your provider has already developed an Asthma/Allergy plan, please submit a copy to the school nurse.

Circle any equipment that applies as required by a physician - Wheelchair, hearing aid, glasses, FM/AM device for Auditory Processing Disorder, Glucose monitor, suction machine, hooyer lift, other _____.

Insurance Information: Is your child covered under any of the following?

Private Insurance _____ Medicaid/ Missouri Health Net _____ None _____

Has your child had a doctor's exam in the last 2 years? Yes or No

Does your child have dental insurance? Yes or No

Has your child had a dental exam in the last 12 months? Yes or No

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Special Services (Please circle all that apply)

Please circle any of the following services your child received at a previous school: Individual Education Plan (IEP) , 504 plan, Occupational Therapy , Physical Therapy, Speech Therapy or school counseling?

Medications given at home:

Please list medications given at home (You may use separate sheet of paper if needed)

Name: _____ Dose _____ Time _____ Reason _____

Name: _____ Dose _____ Time _____ Reason _____

Medications needed at school:

Name: _____ Dose _____ Time _____ Reason _____

Name: _____ Dose _____ Time _____ Reason _____

Our School Policy requires the following:

All prescription medications must be delivered in the original bottle to the school by a parent, legal guardian, or designated adult. Please supply the prescription information sheet from the pharmacy. All prescription medications and over the counter medications require a signed parent permission and a physician order that states the following: Name of Medication, reason for the medication, time to administer medication, length of time prescribed, (Example: x 10 days or until further notice). See Nurse for additional forms if needed.

Newburg R-II School will supply the following, if needed, with signed parent permission:

Acetaminophen / Tylenol, Ibuprofen, Antacid, Caladryl, Cough drop, Sterile Eye Drops, Aloe Vera Gel, Anbesol, Albuterol breathing treatment for suspected severe asthma attack, and Benadryl / Epinephrine for suspected severe allergy reaction.

If your child is allergic or you decline one or all of the above medications, please list the declined medication(s) in the provided space; otherwise your signature below will authorize administration of all of the above if needed at school:

MEDICATIONS DECLINED _____

Newburg R-II School and its employees and agents, including an authorized licensed prescriber providing the standing protocol or prescription, are to incur no liability, with the exception of gross negligence, as a result of injury arising from the administration of stock medication listed above.

****IN AN EXTREME EMERGENCY, YOUR CHILD WILL BE TRANSPORTED TO THE NEAREST EMERGENCY ROOM.**

It is the responsibility of the parent/guardian to update health information on a YEARLY basis, or as needed. Parent signature indicates agreement to the above information and confirms the information is complete and accurate.

Parent/Guardian Signature: _____ Date: _____

Missouri Department of Elementary and Secondary Education
Every Student Succeeds Act of 2015 (ESSA)
COMPLAINT PROCEDURES

This guide explains how to file a complaint about any of the programs¹ that are administered by the Missouri Department of Elementary and Secondary Education (the Department) under the Every Student Succeeds Act of 2015 (ESSA)².

Missouri Department of Elementary and Secondary Education Complaint Procedures for ESSA Programs Table of Contents	
General Information 1. What is a complaint under ESSA? 2. Who may file a complaint? 3. How can a complaint be filed?	
Complaints filed with LEA 4. How will a complaint filed with the LEA be investigated? 5. What happens if a complaint is not resolved at the local level (LEA)?	Complaints filed with the Department 6. How can a complaint be filed with the Department? 7. How will a complaint filed with the Department be investigated? 8. How are complaints related to equitable services to nonpublic school children handled differently?
Appeals 9. How will appeals to the Department be investigated? 10. What happens if the complaint is not resolved at the state level (the Department)?	

1. What is a complaint?

For these purposes, a complaint is a written allegation that a local education agency (LEA) or the Missouri Department of Elementary and Secondary Education (the Department) has violated a federal statute or regulation that applies to a program under ESSA.

2. Who may file a complaint?

Any individual or organization may file a complaint.

3. How can a complaint be filed?

Complaints can be filed with the LEA or with the Department.

4. How will a complaint filed with the LEA be investigated?

Complaints filed with the LEA are to be investigated and attempted to be resolved according to the locally developed and adopted procedures.

5. What happens if a complaint is not resolved at the local level (LEA)?

A complaint not resolved at the local level may be appealed to the Department.

¹ Programs include Title I, A, B, C, D, Title II, Title III, Title IV-A, Title V

² In compliance with ESSA Title VIII-Part C, Sec. 8206(a)(2)(C)

6. How can a complaint be filed with the Department?

A complaint filed with the Department must be a written, signed statement that includes:

1. A statement that a requirement that applies to an ESSA program has been violated by the LEA or the Department, and
2. The facts on which the statement is based and the specific requirement allegedly violated.

7. How will a complaint filed with the Department be investigated?

The investigation and complaint resolution proceedings will be completed within a time limit of forty-five calendar days. That time limit can be extended by the agreement of all parties.

The following activities will occur in the investigation:

1. **Record.** A written record of the investigation will be kept.
2. **Notification of LEA.** The LEA will be notified of the complaint within five days of the complaint being filed.
3. **Resolution at LEA.** The LEA will then initiate its local complaint procedures in an effort to first resolve the complaint at the local level.
4. **Report by LEA.** Within thirty-five days of the complaint being filed, the LEA will submit a written summary of the LEA investigation and complaint resolution. This report is considered public record and may be made available to parents, teachers, and other members of the general public.
5. **Verification.** Within five days of receiving the written summary of a complaint resolution, the Department will verify the resolution of the complaint through an on-site visit, letter, or telephone call(s).
6. **Appeal.** The complainant or the LEA may appeal the decision of the Department to the U.S. Department of Education.

8. How are complaints related to equitable services to nonpublic school children handled differently?

In addition to the procedures listed in number 7 above, complaints related to equitable services will also be filed with the U.S. Department of Education, and they will receive all information related to the investigation and resolution of the complaint. Also, appeals to the United States Department of Education must be filed no longer than thirty days following the Department's resolution of the complaint (or its failure to resolve the complaint).

9. How will appeals to the Department be investigated?

The Department will initiate an investigation within ten days, which will be concluded within thirty days from the day of the appeal. This investigation may be continued beyond the thirty day limit at the discretion of the Department. At the conclusion of the investigation, the Department will communicate the decision and reasons for the decision to the complainant and the LEA. Recommendations and details of the decision are to be implemented within fifteen days of the decision being delivered to the LEA.

10. What happens if a complaint is not resolved at the state level (the Department)?

The complainant or the LEA may appeal the decision of the Department to the United States Department of Education.

Dear Parent or Guardian:

Our district is required to inform you of information that you, according to the Every Student Succeeds Act of 2015 (Public Law 114-95), have the right to know.

Upon your request, our district is required to provide to you in a timely manner, the following information:

- Whether your student's teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether your student's teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria have been waived.
- Whether your student's teacher is teaching in the field of discipline of the certification of the teacher.
- Whether your child is provided services by paraprofessionals and, if so, their qualifications.

In addition to the information that parents may request, a building receiving Title I.A funds must provide to each individual parent:

- Information on the level of achievement and academic growth of your student, if applicable and available, on each of the State academic assessments required under Title I.A.
- Timely notice that your student has been assigned, or has been taught for 4 or more consecutive weeks by, a teacher who has not met applicable State certification or licensure requirements at the grade level and subject area in which the teacher has been assigned.